

### Battle River School Division EXPENSE CLAIM

220912

Name: Doug Algar Mailing Address: \_\_\_\_\_  
 Month/Year: September 2022 n/a if direct deposit established; attach bank info to set-up  
 School/Location: Trustee Student Name: \_\_\_\_\_  
for Transportation claims (PUF / International Students)

**IMPORTANT:**

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the claim is for.  
 Expenses submitted after this date will **NOT** be reimbursed.

**ORIGINAL EXPENSE CLAIMS** are required for payment. Copies, including forms sent via fax/email, will not be processed.

**BUS DRIVERS** -- Do NOT claim field trip expenses (claim on the applicable "Trip Report" form).

**INTERNATIONAL STUDENT PROGRAM** -- claim mileage/parking only; reimbursement requires **original** parkade receipt.

Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other <small>medical renewal, PUF set rate, parking, etc</small>	Total	Account Code
2022 Sept 12	Red Deer mtg with Minister Lagrange	274	158.92			158.92	

Attach original receipts for expenses claimed

**TOTAL** 158.92

Signature: \_\_\_\_\_

Authorized By (Name): \_\_\_\_\_

Authorized By (Signature): \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Total GST:	(i)
<b>MEAL ALLOWANCE</b>	
Breakfast:	\$11.00
Lunch:	\$15.00
Dinner:	\$23.50

21066

