

EXPENSE CLAIM

Name: Lyle Albrecht
Month/Year: Nov
School/Location: Board

Mailing Address: _____
Student Name: 221122
if direct deposit established, attach bank
for Transportation claims (PUF / Interna

IMPORTANT:

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the claim 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

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 parka

Date (mm/dd/yy)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Accour
22/11/22	Delta Hotel - convention				366.-	366.00	16.78
11	ASBA convention	224	129.92			129.92	10.61
22/11/16	ASBA committee meals	160	92.80			92.80	
22/11/20	Meal - convention ASBA			23.10		23.10	1.10
							28.49

Attach original receipts for expenses claimed

TOTAL 611.82

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____

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Total GS
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