

**Battle River School Division
EXPENSE CLAIM**

Name: Doug Algan Mailing Address: 22122
 Month/Year: Nov. 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 medical renewal, PUF set rate, parking, etc	Total	Account Code
2022 Nov 20-22	ASBA FGM	180	104.40	20.16		124.56	5.77
	" Hotel				366.-	366.00	16.78
2022 Nov 21	Breakfast with the Guys					32.84	

Attach original receipts for expenses claimed

TOTAL 523.40 490.56 [REDACTED]

Signature: [REDACTED]
 Authorized By (Name): _____
 Authorized By (Signature): _____

OFFICE USE ONLY	
Total GST:	<u>22.55</u>
MEAL ALLOWANCE	
Breakfast:	\$11.00
Lunch:	\$15.00
Dinner:	\$23.50