

Battle River School Division  
**EXPENSE CLAIM**

Name: Dwight Dilben Mailing Address: 777, 4901-56 St W Fosberg AB  
 Month/Year: March 2023 n/a if direct deposit established; attach bank info to set-up  
 School/Location: BCS - Rural Census mtg Student Name: N/A  
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.

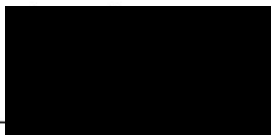
**BUS DRIVERS** -- Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

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

Date (YYYY Mon DD)	Description	Kms	68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2023/03/05	Rural Census Mtg - Elm	404	274.72			274.72	1-304-400-0000-200901
2023/03/05	Lunch Per Diem			15.00		15.00	
2023/03/05	Supper Per Diem			23.50		23.50	

404 Km @ 0.68 /km = 274.42

Attach original receipts for expenses claimed

Signature: 

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

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

**TOTAL** 313.22

OFFICE USE ONLY	
Total GST:	
MEAL ALLOWANCE	
Breakfast:	\$11.00
Lunch:	\$15.00
Dinner:	\$23.50