

Battle River School Division
EXPENSE CLAIM

Name: Doug Algar Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: MARCH 2024

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	.68 x Kms <u>.70</u>	Meals	Other medical renewal, PUF set rate, parking, etc.	Total	Account Code
2024 MAR 25	Zone 4 Mtg Innisfail, AB	346	235.28			235.28	

Attach original receipts for expenses claimed

TOTAL 235.28 242.20

Signature:

Authorized By (Name): _____

Authorized By (Signature): _____

OFFICE USE ONLY

Total GST: _____

MEAL ALLOWANCE

Breakfast: \$11.00

Lunch: \$15.00

Dinner: \$23.50