

**Battle River School Division
EXPENSE CLAIM**

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

Month/Year: May 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	.70 x Kms	Meals	Other <small>medical renewal, PUF set rate, parking, etc</small>	Total	Account Code
2024/05/21	CoSC mtg.	48	33.60			33.60	
2024/05/27	Zone 4 mtg & Edwin Parr	374	261.80			261.80	
						TOTAL	295.40

Attach original receipts for expenses claimed

Signature: _____ 

Authorized By (Name): _____

Authorized By (Signature): _____

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