

Battle River School Division  
**EXPENSE CLAIM**

Name: Dwight Dikken Mailing Address: Box 777, Forestburg AB, T1B 1N0  
n/a if direct deposit established; attach bank info to set-up

Month/Year: May - June 2004

School/Location: Board of Trustees 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	.70 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2004/05/27	Mileage - ASBA For 4 Educator	338	236.60			236.60	1304400000230901
" " "	Meal - Belicia Dikken			25.07		25.07	.
2004/06/04	Mileage - ASBA SGM	600	420.00			420.00	.
2004/06/04	Parking - ASBA SGM				51.40	51.40	.
<p>Em13311 : lmo</p> <p>_____</p> <p>haha,</p> <p>Please charge "3 of</p> <p>this meal cost to</p> <p>Karen Belicosa.</p> <p>_____</p> <p>\$11.94 @ 0.597 = 12.54 - 25.07</p> <p>1304400000230901</p>							
						<b>TOTAL</b>	733.07

Attach original receipts for expenses claimed

Signature: \_\_\_\_\_

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

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

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