

Battle River School Division  
**EXPENSE CLAIM**

Name: Lyle Albrecht Mailing Address: \_\_\_\_\_  
 Month/Year: Sept 24 n/a if direct deposit established; attach bank info to set-up  
 School/Location: Board 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 medical renewal, PUF set rate, parking, etc	Total	Account Code
2024/09/23	Mileage to Zone 4 Meeting Lyle & Karen	315	220.50			220.50	
<b>TOTAL</b>						220.50	

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