

Battle River School Division
EXPENSE CLAIM

Name: Doug Algar Mailing Address: _____
Month/Year: Sept 2024 _____
School/Location: Trustee Student Name: _____
n/a if direct deposit established; attach bank info to set-up
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 Sept 12	Meeting with Chief of Staff at CW Sears (via Round Hill)	115	80.50			80.50	

Attach original receipts for expenses claimed

TOTAL 80.50

Signature: _____
Authorized By (Name): _____
Authorized By (Signature): _____

OFFICE USE ONLY
Total GST: _____

MEAL ALLOWANCE
Breakfast: \$11.00
Lunch: \$15.00
Dinner: \$23.50