

Battle River School Division
EXPENSE CLAIM

Name: Patrick McFeely Mailing Address: _____
Month/Year: November 2024 - ASBA FGM n/a if direct deposit established; attach bank info to set-up
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 medical renewal, PUF set rate, parking, etc	Total	Account Code
2024/11/17	Hotel/Parking					896.10	
2024/11/17	Mileage for Conference	210	147.00			147.00	

Attach original receipts for expenses claimed

TOTAL 1,043.10

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

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