

LG0501

### Battle River School Division No. 31 Expense Claim Form

Name: Imogene Walsh

School/Location: Division Office Month: April, 2018

**NOTE: Expense Claims must be submitted to Division Office WITHIN TWO MONTHS from the end of the month that your claim is for. Expenses submitted after this date will NOT be reimbursed.**

Date	Description	Actual KMS	KM-age .54 x KM	Meals Expense	Other Expense	Total (GST inc.)	Account Code
13-Apr	Edm (Risk Mgmt Seminar)	200	108.00			108.00	<u>1-404-400-00-02-01</u>
			-			-	<del>1-404-400-09-20-01</del>
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						<b>Subtotal</b>	<b>108.00</b>
						GST	
						<b>Total Exp.</b>	<u><b>108.00</b></u>

**POSTED**  
 MAY 14 2018

**PAID**  
 MAY 28 2018

200 ✓

108.00 (i)

Meal Allowance	
Breakfast: \$9.00	
Lunch: \$11.50	
Dinner: \$18.00	