181016

Battle River School Division No. 31
Expense Claim Form

Name: __Imogene Walsh_____

School/Location: _____Division Office_____ Month: Oct, 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
10-Oct	Tofield	112	60.48			60.48	1-404-400-00-02-01
16-Oct	Trustee School Tours	210	113.40			113.40	
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			-			-	
		322	-			-	

Subtotal	173.88
GST	
Exp.	173.88

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