18120

Battle River School Division No. 31
Expense Claim Form

Name: Imogene Walsh

School/Location: Division Office Month: Nov, 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
Nov 18 -20	Edmonton (ASBA)	200	108.00			108.00	1-404-400-00-02-01
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