

190101

Battle River School Division No. 31 Expense Claim Form

Name: Imogene Walsh

School/Location: Division Office Month: Dec, 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
Dec 6 & 7	Edm (ASBOA Issues Forum)	200	108.00			108.00	1-404-400-00-02-01
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						Subtotal	108.00
						Total Exp.	108.00

JAN 11 2019

200

PAID
JAN 21 2019

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

10/10/10

Dear Sir,

I am writing to you regarding the matter of the...

Yours faithfully,

[Faint signature and name]

[Faint body text]

[Faint body text]

[Faint body text]

[Faint body text]

[Faint body text]

[Faint body text]

[Faint body text]

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