

Battle River School Division
EXPENSE CLAIM

Name: Ray Bosh
 Month/Year: March/April 2018
 School/Location: Dir Office

Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up
 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 Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
March 1	Pigeon Lake	160	86.40			86.40	1-304.351.00.00.11
8	Ryley	144	77.76			77.76	
14	Viking	160	86.40			86.40	
15	Tofield	112	60.48			60.48	
20	Ryley	144	77.76			77.76	
29	Tofield	112	60.48			60.48	
April 5	Viking	160	86.40			86.40	
11	Sedgewick	172	92.88			92.88	
27	Calgary	576	311.04			311.04	
	March 832						
	April 900						

PAID
MAY 14 2018

POSTED
MAY 07 2018

740

TOTAL 939.60

Attach original receipts for expenses claimed

OFFICE USE ONLY
Total GST:

MEAL ALLOWANCE
 Breakfast: \$9.00
 Lunch: \$11.50
 Dinner: \$18.00

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