

**Battle River School Division
EXPENSE CLAIM**

Name: Rita Marler Mailing Address: _____
Month/Year: November 2018 n/a if direct deposit established; attach bank info to set-up
School/Location: Division Office 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
2018/11/5	School visits	168	90.72			90.72	1-404-400-00-01-01
2018/11/14	Daysland	84	45.36			45.36	1-404-400-00-01-01
2018/11/20	Edmonton	20	10.80			10.80	1-404-400-00-01-01
2018/11/22	Bashaw	120	64.80			64.80	<u>1-404-400-00-01-01</u>
		392					

Attach original receipts for expenses claimed

TOTAL 211.68

OFFICE USE ONLY
Total GST:

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