

181211

**Battle River School Division
EXPENSE CLAIM**

Name: Rita Marler
Month/Year: December 2018
School/Location: Division 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
2018/12/11	School visits	147	79.38			79.38	1-404-400-00-01-01

POSTED
DEC 19 2018

PAID
JAN 21 2019

Attach original receipts for expenses claimed. TOTAL 79.38

Sign:

Auth

Auth

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

Breakfast: \$9.00

Lunch: \$11.50

Dinner: \$18.00