

Battle River School Division
EXPENSE CLAIM

Name: Rita Marler Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: January 2019

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
2019/1/25	Calgary	576	311.04		14.81	311.04	1-304-300-09-06-50
2019/1/25	Brew&Blendz			14.85	71	14.85	1-404-400-00-01-01
POSTED JAN 28 2019							
		576					

PAID
FEB 04 2019

Attach original receipts for expenses claimed
TOTAL **325.89**

OFFICE USE ONLY
 Total GST: **15.52**

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