

181201

Battle River School Division EXPENSE CLAIM

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

Month/Year: November 2018

School/Location: _____ 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
2018/11/4	CPF meeting	48	25.92	1.23		25.92	1.404.400.09.270
2018/11/18	ASBA FGM	150	81.00	3.86		81.00	.
2018/11/18	Accommodation - FGM			18.02	392.94	392.94	
2018/11/20	Parking - FGM			1.95	41.00	41.00	
2018/11/8	Facility tours	158	85.32	4.06		85.32	
TOTAL						626.18	

POSTED
DEC 06 2018

OFFICE USE ONLY	
Total GST:	29.12
MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00

B:
F: