

**Battle River School Division
EXPENSE CLAIM**

Name: Karen Belich Mailing Address: _____
 Month/Year: October 2018 n/a if direct deposit established; attach bank info to set-up
 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
2018/10/11	School tours	48	25.92			25.92	
2018/10/16	School tours	48	25.92			25.92	1-434-400-09-27-01
2018/10/16	Council of SC meetings	84	45.36			45.36	
TOTAL						97.20	<i>[Handwritten Signature]</i>

Attach original receipts for expenses claimed

POSTED
OCT 30 2018

PAID
NOV 12 2018

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

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