

**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: December 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
2018/12/11	meeting	48	25.92			25.92	1-404-400-0927-01

25.92

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