

Battle River School Division  
EXPENSE CLAIM

Name: Kendall Severson

Mailing Address: \_\_\_\_\_  
*n/a if direct deposit established; attach bank info to set-up*

Month/Year: Oct. /18

School/Location: P.O.

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
<del>2018/10/11</del>	<del>School Tour</del>	<del>74</del>	<del>39.96</del>			<del>39.96</del>	
2018/10/16	School Tour	74	39.96			39.96	1.404.400.09.06 0\

POSTED  
OCT 30 2018

At \_\_\_\_\_ 39.96

OFFICE USE ONLY

Total GST: \_\_\_\_\_

MEAL ALLOWANCE

Breakfast: \$9.00

Lunch: \$11.50

Dinner: \$18.00

NOV 12 2018