

181201

Battle River School Division
EXPENSE CLAIM

Name: Kendall Severson Mailing Address: _____
Month/Year: Nov. 2018 n/a if direct deposit established; attach bank info to set-up
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
2018/11/7	CARE MTG	74	39.96		3.52	39.96	1404.400.09.06.01
2018/11/15	Audit Mtg	74	39.96		3.52	39.96	
2018/11/17	ASBA F&M	280	151.20 1.20	23.30 1.01	460.14 21.22	634.64	

AL 714.56

OFFICE USE ONLY
Total GST: 36.47

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