

190201

**Battle River School Division
EXPENSE CLAIM**

Name: Kendall Severson Mailing Address: D.O.
n/a if direct deposit established; attach bank info to set-up

Month/Year: Jan. 2019

School/Location: D.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
2019/1/9	CARE Meeting	74	39.96			39.96	1.424.400-0906-01

FEB 04 2019

Attach original receipts for expenses claimed **TOTAL 39.96**

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