

**Battle River School Division
EXPENSE CLAIM**

Name: Kendall Severson Mailing Address: _____
 Month/Year: Feb / 2019 n/a if direct deposit established; attach bank info to set-up
 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
2019/02/26	Mty with Camrose County	68	36.72			36.72	1404400090601

Attach original receipts for expenses claimed

TOTAL 36.72

OFFICE USE ONLY
 Total GST: _____

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

Signature: _____

POSTED
 AUTHORIZED BY

 AUTHORIZED BY
