

Battle River School Division
EXPENSE CLAIM

Name: Kendall Severson Mailing Address: _____

Month/Year: March 2019 n/a if direct deposit established; attach bank info to set-up

School/Location: D.O. Student Name: _____

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.

Table with 7 columns: Date (YYYY Month DD), Description, Kms, .54 x Kms, Meals, Other (medical renewal, PUF set rate, parking, etc), Total, Account Code. Row 1: 2019/03/06, Audit of CARE, 74, 39.96, , , 39.96, 140440009-06-01

Attach original receipts for expenses claimed TOTAL 39.96

Signature: _____

Authorized By (Name): _____

Authorized By (Signatu _____

PAID APR 04 2019

OFFICE USE ONLY Total GST: _____

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