1B0604

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skori **Mailing Address:**

n/a if direct deposit established; attach bank info to se

Month/Year: June, 2018

School/Location: **Student Name:**

for Transportation claims (PUF / Internationa

IMPORTANT:

Expense Claim must be submitted to Division Office WITHIN TWO MONTHS from the end of the month the claim 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 pr

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 r

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parki	Total	Account Code
2018/06/04	mileage	192	103.68			103.68	1-404-400-09-220

PAID JUL 16 2018

Attach original receipts for expenses claimed

TOTAL 103.68

OFFICE USE ONLY
Total GST: 4.94

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

Signatur

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POSTED JUN 29 2018

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Battle River School Division

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