

181624

Battle River School Division
EXPENSE CLAIM

Name: Laurie Skori Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: October / 18

School/Location: _____ 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
2018/10/16	mileage	192	103.68			103.68	1.404.400.09.22.01
2018/10/24	mileage	482	260.28			260.28	
TOTAL						<u>363.96</u>	

POSTED
OCT 30 2018

PAID
NOV 12 2018

Attach original

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

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