

**Battle River School Division  
EXPENSE CLAIM**

Name: Laurie Skori Mailing Address: \_\_\_\_\_  
 Month/Year: March / 2019 n/a if direct deposit established; attach bank info to set-up  
 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).

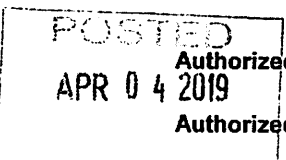
**INTERNATIONAL STUDENT PROGRAM** -- claim mileage/parking only; reimbursement requires original parkade receipt.

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other (medical renewal, PUF set rate, parking, etc)	Total	Account Code
2019, 03/3-5	mileage <sup>Rural</sup> symposium	402	217.08			217.08	14044009.22-01
2019, 03/03	meal <sup>Koreo, Lawrence, Zsuzsanna, Val, Diane</sup>			123.72		123.72	
2019/03/21	comm. mileage <sup>engage</sup>	192	103.68			103.68	
2019/03/25	Zone 4 - mileage	192	103.68			103.68	

Attach original receipts for expenses claimed

TOTAL 548.16

Signature:  
 AUTHORIZED BY (Name):  
 AUTHORIZED BY (Signature):



OFFICE USE ONLY  
 Total GST:  
 2019  
 MEAL ALLOWANCE  
 Breakfast: \$9.00  
 Lunch: \$11.50  
 Dinner: \$18.00