180601

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skori **Mailing Address:**
n/a if direct deposit established; attach bank info to se

Month/Year: May, 2018

School/Location: **Student Name:**
for Transportation claims (PUF / Internationa

IMPORTANT:
Expense Claim must be submitted to Division Office <u>WITHIN TWO MONTHS</u> from the end of the month the claim
Expenses submitted after this date will <u>NOT</u> be reimbursed.

ORIGINAL EXPENSE CLAIMS are required for payment. Copies, including forms sent via fax/email, will not be pı

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 ı

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parki	Total	Account Code
2018/05/14	mileage	192	103.68			103.68	1.404.400.09.22.01
2018/05/28	mileage	536	289.44			289.44	
						TOTAL 393.12	18.72

Attach original receipts for expenses claimed

Signatu

Authori

Author

POSTED
JUN 29 2018

PAID
JUL 16 2018

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

Battle River School Division

Revised Ma