

**Battle River School Division  
EXPENSE CLAIM**

Name: NORM ERICKSON Mailing Address: \_\_\_\_\_

Month/Year: MARCH 2019 r/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
March 14	Nisku TEBA	150				\$1.00	1404.400.09.18.01

Attach original receipts for expenses claimed TOTAL: **81.00**

Signature: \_\_\_\_\_

Authorized By (P) \_\_\_\_\_

Authorized By (Signature): \_\_\_\_\_

POSTED  
APR 04 2019

OFFICE USE ONLY  
Total GST:

MEAL ALLOWANCE  
 Breakfast: \$9.00  
 Lunch: \$11.50  
 Dinner: \$18.00  
 PAID  
 APR 15 2019