

181016

Battle River School Division
EXPENSE CLAIM

Name: NORM ERICKSON Mailing Address: _____

Month/Year: Oct. 2018 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
2018/10/16	School Visits	210	113.40			113.40	1.404.400.09.1801

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3.40 

OFFICE USE ONLY
Total GST: 5.40

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

Batt Form

Revised March 2018
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