

**Battle River School Division
EXPENSE CLAIM**

Name: Zsuzsanna Hemperger 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
2019/03/03-05	Rural Education Symposium mileage	144	77,76			77,76	1410440009-2601
2019/03/06	Audit meeting mileage	82,6	44,60			44,60	
2019/03/21	Community Engagement mileage	82,6	44,60			44,60	
2019/03/25	RSBA Zone 4 mileage	86	46,44			46,44	
		<u>395,20</u>					

Attach original receipts for expenses claimed

TOTAL 213,40

Signature: _____

POSTED
APR 04 2019

Authorized By (Name): _____

Authorized By (Signature) _____

OFFICE USE ONLY
 Total GST: _____

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

RECEIVED
MAR 27 2009
TELETYPE