

Battle River School Division
EXPENSE CLAIM

Name: Karen Belich Mailing Address: _____
Month/Year: June 2018 n/a if direct deposit established; attach bank info to set-up
School/Location: _____ Student Name: _____
for Transportation claims (PUF / International Students)

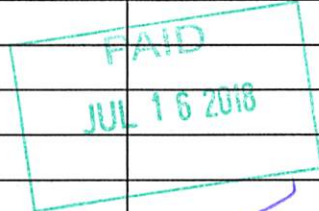
IMPORTANT:
Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the claim is for.
Expenses submitted after this date will **NOT** be reimbursed.

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 June 10	CPF AGM	30	16.20			16.20	1.484.40.092701



Attach original

16.20

OFFICE USE ONLY	
Total GST:	0.77
MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00