

**Battle River School Division
EXPENSE CLAIM**

190430

Name: Rita Marler Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: April 2019

School/Location: Division Office 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
2019/4/30	Sedgewick	172	92.88			92.88	1-404-400-00-01-01

Attach original receipts for expenses claimed

TOTAL 92.88

POSTED
MAY 06 2019

Signature: _____
Authorized By (Name): _____
Authorized By (Signature): _____

OFFICE USE ONLY	
Total GST:	()

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

PAID
MAY 13 2019