Battle River School Division No. 31
Expense Claim Form

#90401

Name: __Imogene Walsh

School/Location: ______Division Office

Month: Feb - Mar

NOTE: Expense Claims must be submitted to Division Office <u>WITHIN TWO MONTHS</u> from the end of the month that your claim is for. Expenses submitted after this date will <u>NOT</u> be reimbursed.

Date	Description	Actual KMS	KM-age .54 x KM	Meals Expense	Other Expense	Total (GST inc.)	Account Code
25-Feb	Ponoka/Blackfalds - Sch. Tour	152	82.08			82.08	1-404-400-00-02-01
27-Feb	Edm - Capital Planning	200	108.00			108.00	
1-Mar	Edm/St. Albert - Sch Tour	242	130.68			130.68	
		594	-			-	
			-			-	
	Feb = 352					-	
	Mar = 242		-			-	
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Subtotal	**320.76**
GST	
Total Exp.	**320.76**

(1)

POSTED
MAY 02 2019

Employee Signature:

Supervisor Signature:

PAID
MAY 13 2019

Meal Allowance
Breakfast: $9.00
Lunch: $11.50
Dinner: $18.00