

Battle River School Division
EXPENSE CLAIM

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

Month/Year: June, 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
June 2 - 4	Red Deer (ASBA SGM)	294	158.76			158.76	1,404,400.00-0201. (4)
2019/6/6	Tofield (Ingram Meeting)	112	60.48			60.48	
		406					
TOTAL						219.24	

Attach original receipts for expenses claimed

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____



OFFICE USE ONLY
Total GST: (1)

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

