

n 115-1

191126

Battle River School Division
EXPENSE CLAIM

Name: hyle Albrecht Mailing Address: _____
 Month/Year: Nov 2019 n/a if direct deposit established; attach bank info to s
 School/Location: Board Student Name: _____
for Transportation claims (PUF / International)

IMPORTANT:

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the cla
 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 b

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 par**

Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
Nov 17-19	Mileage to ASBA Fall	274				158.92	
Nov 22	Audit Committee	160				92.80	
Nov 26	Thought exchange Summary	160				92.80	
Nov 17-19	Hotel + Parking ASBA Fall				18.54	472.18	
							1-404-400-09-24-01

Attach original receipts for expens

816.70

POSTED
 Signature:
 DEC 03 2019
 Authorized By
 Authorized By

OFFICE USE ONLY
 Total GST: 34.95
 MEAL ALLOWANCE
 Breakfast: \$11.00
 Lunch: \$15.00
 Dinner: \$23.50

Battle River School Division

Revised: July

Forms Manual

