			e River So XPENSI				
Name:	Karen Belich			Mailing Address:  n/a if direct deposit established; attach bank info to set-up			
Month/Year:	November 2019						
School/Location:			_Student Name:		for Transportation claims (PUF / International Students)		
	n must be submitted to Division mitted after this date will <u>NO</u> T			10M OW	NTHS from t	he end of th	e month the claim is for.
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
2019/11/4	SAVY focus group	48	25.92			25.92	
2019/11/17-19	ASBA FGM & RCASB	172	92.88			92.88	
2019/11/19	Hotel for FGM			18.5	404.18	404.18	
2019/11/22	Audit meeting	48	25.92			25.92	
		7068					
							1.404.400.09.27.01

Attach original receipts for expense

Signature:

POSICD By (N

DEC 0 3 Authorized By (S

Battle River School Division Forms Manual

559.62 548.90 OFFICE USE ONLY

Total GST: 2594

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

Dinner: \$18.00

Revised March 2018

Page 1 of 1