

**Battle River School Division
EXPENSE CLAIM**

Name: NORM ERICKSON Mailing Address: _____
n/a if direct deposit established, attach bank info to set-up
 Month/Year: 11 / 2019
 School/Location: _____ 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 <small>(YYYY Month DD)</small>	Description	Kms	^{.56} . <small>54</small> x Kms	Meals	Other <small>medical renewal, PUF set rate, parking, etc</small>	Total	Account Code
19/11/18	Edm.	190				102.60	
19/11/18	Parking					17.00	
19/11/20	St. Albert	224				120.96	
							1.404.400.09.18.01

Attach original receipts for expenses

240.56 257.18



Signature:

OFFICE USE ONLY

Total GST: (1)

MEAL ALLOWANCE

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

Authorized By (N)
 Authorized By (S)

