

Battle River School Division
EXPENSE CLAIM

Name: Natasha Wilm Mailing Address: _____
 Month/Year: December n/a if direct deposit established; attach bank info to set-up
 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 Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2019 12 02	School Visits Bashaw/NN	120	69.60			69.60	1-404-400-00-00-01
2019 12 03	HR - Ryley/Tofield	147	85.26			85.26	1-404-400-00-00-01
2019 12 04	Sch. Visits Tofield/Hay Lake	136	78.88			78.88	1-404-400-00-00-01
2019 12 11	Gift Bag Deliveries AM	180	104.40			104.40	1-404-400-00-00-01
	Tofield, Ryley, Tofield colony	583					

Attach original receipts for expenses

338.14 ✓



OFFICE USE ONLY
Total GST: (1)

MEAL ALLOWANCE
Breakfast: \$11.00
Lunch: \$15.00
Dinner: \$23.50

Signature: _____
 AUTHORIZED BY (M) _____
 AUTHORIZED BY (S) _____