

Battle River School Division
EXPENSE CLAIM

Name: Imogene Walsh Mailing Address:
Month/Year: Oct '19
School/Location: Division Office Student Name:

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.

Table with 8 columns: Date (YYYY Mon DD), Description, Kms, .58 x Kms, Meals, Other (medical renewal, PUF set rate, parking, etc), Total, Account Code. Includes entries for 2019/10/7 and 2019/10/28.

Attach original receipts for expenses

204.74

Signature:

Authorized By (M)

Authorized By (S)

OFFICE USE ONLY
Total GST: (1)

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



EXHIBIT A

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EXHIBIT B

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POSTED
NOV 2 8 2018