

Battle River School Division  
EXPENSE CLAIM

Name: Rita Marler Mailing Address: \_\_\_\_\_  
n/a if direct deposit established; attach bank info to set-up

Month/Year: January 2020

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
2020/1/21	Daysland - meeting with AT	84	48.72			48.72	1-404-400-00-01-01
2020/1/29-30	Pigeon Lake	196	113.68			113.68	1-404-400-00-01-01
		280					

Attach original receipts for expense

162.40

Signature: \_\_\_\_\_

Authorized By (Name) \_\_\_\_\_

Authorized By (Signature) \_\_\_\_\_

OFFICE USE ONLY  
Total GST: (1)

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