

Battle River School Division
EXPENSE CLAIM

200212

Name: Rita Marler

Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: February 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
2020/2/3	Hardisty	234	135.72			135.72	1-404-400-00-01-01
2020/2/4	School Visits	235	136.30			136.30	1-404-400-00-01-01
2020/2/6	Round Hill	58	33.64			33.64	1-404-400-00-01-01
2020/2/10	Holden	128	74.24			74.24	1-404-400-00-01-01
2020/2/12	Hardisty	234	135.72			135.72	1-404-400-00-01-01
		889					

Attach original receipts for expense

Signature: _____

Authorized By (N) _____

Authorized By (S) _____

515.62



OFFICE USE ONLY
Total GST: (i)

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

ENTERED FEB 10 2020