

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skon' Mailing Address: _____
 Month/Year: Feb /2020 n/a if direct deposit established; attach bank info to set-up
 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 (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2020/02/24	Zone 4	192	111.36			111.36	

Attach original receipts for expenses claim. TOTAL 111.36

Signature: _____
 Authorized By (Name): _____
 Authorized By (Signature): _____

OFFICE USE ONLY
 Total GST: _____

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