

Battle River School Division

200301

EXPENSE CLAIM

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

Month/Year: Jan & Feb '20

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
2020/1/30-31	Edmonton - Pigeon Lake	275	159.50			159.50	1-404-400-00-02-01
2020/2/3	Nisku - Insurance	145	84.10			84.10	
2020/2/6	Red Deer - Insurance	294	170.52			170.52	
2020/2/28	Edmonton - Alberta Ed	200	116.00			116.00	
		914					

Attach original receipts for expenses claimed. TOTAL 530.12

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

OFFICE USE ONLY	
Total GST:	(i)
MEAL ALLOWANCE	
Breakfast:	\$11.00
Lunch:	\$15.00
Dinner:	\$23.50