

Battle River School Division
EXPENSE CLAIM

Name: Norm ERICKSON. Mailing Address: _____
 Month/Year: 02 / 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
2020/02/03	Leduc ASBIE	150				87.-	

Attach original receipts for expenses claim TOTAL 87.-

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

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