

Battle River School Division
EXPENSE CLAIM

Name: NORM ERICKSON Mailing Address: _____
 Month/Year: March 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
March 4.	Chamber Commerce			38.00		38.00	1404400-09-18-01
March 9.	Edm Gene Williams	204	118.32			118.32	
March 9	Edm (Parking) (missing)				5.-	5.00	

Attach original receipts for expenses claimed TOTAL 161.32

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

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