

Battle River School Division  
EXPENSE CLAIM

Name: Shan Jorgenson - Adam Mailing Address: \_\_\_\_\_  
Month/Year: Feb/Mar n/a if direct deposit established; attach bank info to set-up  
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
2020/02/28	CRM Bawlf	58	33.64				1-310-300-00-07-50
2020/03/02	School Visit Viking	160	92.80				" "
2020/03/03	School Visit Allan John...	234	135.72				" "
2020/03/06	CRM Sedge wick	172	99.76				" "
2020/03/11	School Visit Holden.	128	74.24				" "
		<u>752</u>					

Attach original receipts for expenses claimed

TOTAL 436.16 ✓

Signature: \_\_\_\_\_  
Authorized By (Name): \_\_\_\_\_  
Authorized By (Signature): \_\_\_\_\_

OFFICE USE ONLY  
Total GST: (1)

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