

### Battle River School Division EXPENSE CLAIM

Name: Jeff Kimbahl Mailing Address: \_\_\_\_\_  
r/a if direct deposit established, attach bank info to set-up

Month/Year: June 2020

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 (YYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF sel rate, parking, etc	Total	Account Code
June 1	ASBA SGM	180	104.40			104.40	1.404.400.09.28.01
June 19	ATA Neg.	180	104.40			104.40	
June 22	ATA Neg.	180	104.40			104.40	
							
		340 km @ 0.58					
<b>TOTAL</b>						313.28	

Attach original receipts for expenses claimed

Signature: \_\_\_\_\_

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

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

OFFICE USE ONLY  
Total GST: (i)

ED JUL 02 2020

<b>MEAL ALLOWANCE</b>	
Breakfast:	\$11.00
Lunch:	\$15.00
Dinner:	\$23.50