

Battle River School Division
EXPENSE CLAIM

Name: Natasha Wilm Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up
 Month/Year: May 2020
 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
2020/5/6	Riley walk-through	144	83.52			83.52	1-404-400-00-00-01
2020/5/11	Holden walk-through	128	74.24			74.24	1-404-400-00-00-01

Attach original receipts for expenses claimed

TOTAL **157.76**

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

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

ENTERED JUN 2 2 2020