

**Battle River School Division
EXPENSE CLAIM**

Name: Kendall Severson Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: Aug /20

School/Location: D.O. 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
2020/8/19	R.H. Committee	74	42.92			42.92	
2020/8/20	R.H. Committee	74	42.92			42.92	
						TOTAL <u>85.84</u>	

Attach original receipts for expenses claimed

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____

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