		Battle	e River Sc	hool Div	ision		
	m must be submitted to Division Office WITHIN T			Mailing Address: Student Name:		n/a if direct deposit established; attach bank info to set-up for Transportation claims (PUF / International Students) the end of the month the claim is for.	
	nitted after this date will <u>NOT</u> PENSE CLAIMS are required			oies, inclu	ding forms	sent via fax/	email, will not be processed.
BUS DRIVERS	Do NOT claim field trip ex	xpenses	(claim on	the appli	cable "Trip	Report" fo	orm).
INTERNATION	AL STUDENT PROGRAM -	- claim m	iileage/par	king only;	reimburser	nent require	es original parkade receipt.
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2021/11/16	Milease, FGM	215	124.70			124,70	. 5.94
, ,	Della Hotel FGM					357,02	16.38
2021/2/09	RCMP-Fingerprints.					25.00	0
Pars.	Milega Orientation	160	92.20			73.80	4,42
V 30	V	160	92.80			92.80	442
							1-404-400-09-24-01
						692.32	
Attach original re	ceipts for expenses claimed	^ ^			L	506.72	
	Signature:						Total GST: 3 _ 1 \(\)
	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00

Authorized By (Signature):

\$15.00 \$23.50

Lunch:

Dinner: