

### Battle River School Division EXPENSE CLAIM

Name: Karen Belich  
 Month/Year: November 2021  
 School/Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
n/a if direct deposit established; attach bank info to set-up

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
<del>2021/11/18</del>	<del>orientation</del>	<del>48</del>			<del>1.33 \$</del>	<del>27.84</del>	<del>✓ OK</del>
<del>2021/11/19</del>	<del>orientation</del>	<del>48</del>			<del>1 \$</del>	<del>27.84</del>	<del>✓ OK</del>
<del>2021/11/30</del>	<del>orientation</del>	<del>48</del>			<del>1 \$</del>	<del>27.84</del>	<del>OK + Policy Committee</del>
2021/11/22	Appral Committee	48			1 \$	27.84	
2021/11/16	Hotel				16.38 \$	351.02	1-404-400-09-27-01

Attach original receipts for expenses claimed

TOTAL \$ 414.30

Signature:

Authorized By (Name):

Authorized By (Signature):

<b>OFFICE USE ONLY</b>	
Total GST:	<u>21.70</u>
<b>MEAL ALLOWANCE</b>	
Breakfast:	\$11.00
Lunch:	\$15.00
Dinner:	\$23.50