		Battle Ri	iver School Division	
	)	EXP	ENSE CLAIM	0
Name:	Duight d	Dibben	Mailing Address:	Box 231 5102.50" Are, Forestors Ab
Month/Year:	November	2021		n/a if direct deposit established; attach bank info to set-up TOB
School/Location:			Student Name:	
				for Transportation claims (PUF / International Students)

## IMPORTANT:

Expense Claim must be submitted to Division Office <u>WITHIN TWO MONTHS</u> from the end of the month the claim is for. Expenses submitted after this date will <u>NOT</u> 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
2021 11 18 2021 11 19 2021 11 20	Allege - Bard Detaton Size Mileage - Orastation Folg Com	172.5 172.5 172.5	103 20 103 20 100 20			00.80	V ok 4.76 V ok 4.76 4.76 4.76 1-404-400-09-19-0
2021 11 25	Linch - Band Mtg.			15 9		(5.00	0.71
Attach original re	Ecceipts for expenses claime Signature: Authorized By (Name): Authorized By (Signature):					316.15	OFFICE USE ONLY Total GST: U.999 MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50