Battle River School Division

		EXPENSE		E CLAIM		220224	
Name:	Patrick McFeely	ck McFeely		Mailing Address:			
Month/Year:	February/2022					n/a if direct dep	osit established; attach bank info to set-up
School/Location:	n: Trustee			Student	Student Name:		
	must be submitted to Divisionitted after this date will NOT			WO MON	I THS from th		e month the claim is for.
ORIGINAL EXI	PENSE CLAIMS are required	d for payr	ment. Cop	oies, inclu	ding forms s	ent via fax/	email, will not be processed.
BUS DRIVERS	Do NOT claim field trip ex	penses (claim on	the appli	cable "Trip	Report" fo	rm).
INTERNATION	AL STUDENT PROGRAM -	- claim m	ileage/par	king only;	reimbursen	nent require	s original parkade receipt.
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2022/02/01	Mileage to Daysland	84	48.72	~~~	2.32	48,72	1404.400.09.29.0
2022/02/24	Meal			1500	0.99	15.00	20.77
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27.4							
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						and the state of t	
		-					
						69,49	
Attach original red	TOTAL			TOTAL	63.72		
	Signature:						OFFICE USE ONLY Total GST: 3.31
	Authorized By (Name):				_ _		MEAL ALLOWANCE Breakfast: \$11.00

Authorized By (Signature):

\$23.50

Dinner: