## **Battle River School Division**

22	022	4
OC	00.1	,

	EXPENSE CLAIM					davady	
Name:	Doug Al	Jav		Mailing	Address:		
Month/Year:	Feb, 202	7		-0		n/a if direct dep	posit established; attach bank info to set-up
School/Location:	Trustee			Student	t Name:		
						for Transporta	ation claims (PUF / International Students
	must be submitted to Division			TWO MOI	NTHS from	the end of t	the month the claim is for.
ORIGINAL EXI	PENSE CLAIMS are required	- d for pay	ment. Co	pies, inclu	ding forms	sent via fax	demail, will not be processed.
BUS DRIVERS	Do <b>NOT</b> claim field trip ex	kpenses	(claim on	the appli	icable "Trip	Report" f	orm).
INTERNATION	AL STUDENT PROGRAM -	- claim m	nileage/pa	rking only	reimburser	ment requir	es <b>original</b> parkade receipt.
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2022/Feb 24	Brand Comm. Hee Day			23,66		23.66	C.PO.004. 400.09.3
			2 4 7			Name	
					- E		
Attach original red	ceipts for expenses claimed				TOTAL	23,66	
	Signature:					~	OFFICE USE ONLY Total GST: 0.94
	Authorized By (Name):	G.					MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00

Authorized By (Signature):

\$23.50

Dinner: