## **Battle River School Division EXPENSE CLAIM**

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Name:	Karen Belich			Mailing Address:		n/a if direct done	anneit established attach hank infe to est un	
Month/Year:	June 2022			n/a iī		пла ії аігест аерс	if direct deposit established; attach bank info to set-up	
School/Location: Trustee					Student Name:		for Transportation claims (PUF / International Students)	
Expenses subr	must be submitted to Division itted after this date will NOT	be reimb	oursed.			ne end of the	e month the claim is for.	
BUS DRIVERS	Do <b>NOT</b> claim field trip ex	penses (	claim on	the applic	cable "Trip	Report" foi	rm).	
INTERNATION	AL STUDENT PROGRAM -	- claim m	ileage/par	king only;	reimbursem	nent require	s <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	
2022/6/5	Mileage - meeting	336	194.88			194.88		
2022/6/7	ASBA SGM hotel				353.56	353.56	16.22	
2022/6/20	Mileage - meeting	201	116.58			116.58		
2022/6/2%	Parking				15.00	15.00	Ø	
2022/6/20	Mileage-School Tours	221	128.18			128.18		
	758 kmer	o. <i>5</i> 8	= 43	9.60	<b>)</b>		20.94	
Attach original re	ceipts for expenses claimed				TOTAL	808.20		
	Signature:						OFFICE USE ONLY Total GST: 34.16	
	Authorized By (Name):	81					MEAL ALLOWANCE  Breakfast: \$11.00	

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Authorized By (Signature): \_

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\$15.00

\$23.50

Lunch:

Dinner: