			e River So				
Name:	Doug Algar				Address:	aa	1027
Month/Year:	Oct 20 32					n/a if direct depo	osit established; attach bank info to set-up
School/Location: TRUSTRE				Student Name:			
	must be submitted to Division			rwo moi			ne month the claim is for.
ORIGINAL EX	PENSE CLAIMS are required	d for pay	ment. Cop	oies, inclu	ding forms	sent via fax/	email, will not be processed.
BUS DRIVERS	Do NOT claim field trip ex	xpenses	(claim on	the appli	cable "Trip	Report" fo	orm).
INTERNATION	AL STUDENT PROGRAM -	- claim m	ileage/par	king only;	reimburser	ment require	es 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 Oct 27	Council of SC.	86	49.88			49.88	14.04 40009230
	- Daysland						
Attach original re	ceipts for expenses claimed				TOTAL	49,88-	
	Signature:	_					OFFICE USE ONLY Total GST:
	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00

Authorized By (Signature):

\$15.00

\$23.50

Revised: July 1, 2019

Lunch:

Dinner:

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