Battle River School Division

EXPENSE CLAIM							
Name: Patrick Meter Month/Year: 10/22		ely		Mailing	Address:	221007	
Month/Year:	10/22			-		n/a if direct dep	osit established; attach bank info to set-up
School/Location:	_ / .			Student		f. T	the allies (DUS (1.4) and 1.4 (1.4)
Expenses subr	n must be submitted to Divisi mitted after this date will <u>NO</u>	<u>I</u> be reim	bursed.		NTHS from	the end of t	
							/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
2022/10/07	Mileage to	84	48.72			48,72	1.404.400.09.29.0
	Dapland + back						
	to Cumose						
							3
					4		
Attach original receipts for expenses claimed TOTAL					TOTAL	48.72	
	Signature:					N	OFFICE USE ONLY Total GST:
	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00
	Authorized By (Signature):						Dinner: \$23.50