	Battle River School Division					221201	
	EXPENSE CLAIM						41001
Name:	Doight Dib	Den		Mailing	Address:	Bay 777	Forsiby Albek, TOB (No
Month/Year:	November, 21	002		_		пла ії сіїгест сіерс	osit established; attach bank into to set-up
School/Location:				Student	Name:	for Transportat	ion claims (PUF / International Students)
IMPORTANT: Expense Claim must be submitted to Division Office <u>WITHIN TWO MONTHS</u> from the end of the month the claim is for. Expenses submitted after this date will <u>NOT</u> be reimbursed.							
ORIGINAL EXPENSE CLAIMS are required for payment. Copies, including forms sent via fax/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
Noul	Forder-Dash - Eplaya Rega	5				NC	1.404.400.09.19.01
Novib	Polly Comité mis	172	99.76			99-76	
Na 18	Stateric Plany Lesian	172	99.76			99.76	
Nov 20-22	ASBA FGM-Ednonton	290	168.20			168.20	
Now 24	BRSO Reg mtg	172				NK	
Nov 28	ASSA Fore 4 Mtg-Webstran	268	155.44			155.44	(#
	000 ii						
	902 kme 05	8	L				
						S72 11	
Attach original receipts for expenses claimed							
	Signature:				•		OFFICE USE ONLY Total GST: ()
	Authorized By (Name):	i					MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00

Authorized By (Signature):

\$23.50

Dinner: