## **Battle River School Division**

EXPENSE CLAIM							
Name:	1 bua Alaar			Mailing Address:		230209	
Month/Year:	E Do	2-3				n/a if direct depo	sit established; attach bank info to set-up
School/Location: 1 rustee				Student Name:			
			for Transportat			ion claims (PUF / International Students)	
IMPORTANT:  Expense Claim must be submitted to Division Office WITHIN TWO MONTHS from the end of the month the claim is for. Expenses submitted after this date will NOT 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
2023 Feb 9	Council of SC						
	- Shails & coffee	7					
	+ my supper	(			2.56	76.31	1.369. 400.000.000.0
	Doysland Em	92	53,36			53.36	56.12
							RECEIVED TO STATE OF THE PROPERTY OF THE PROPE
Attach original receipts for expenses claimed					TOTAL	129,67	139.43
	Signature:						Total GST: 5.23
	Authorized By (Name):						Breakfast: \$11.00 Lunch: \$15.00
	Authorized By (Signature):						Dinner: \$23.50

Revised: July 1, 2019