16		
nrm.	11	5-1

220301

Battle River School Division									
EXPENSE CLAIM									
Name:	Wight Wibben		Mailing	Mailing Address: (3)		Foresty Ab TOBINO			
Month/Year:	Novaa - Jana	3				n/a if direct depo	sit established; attach bank info to set-up		
School/Location:	Board of Truste	0 1 1 -		Student	Student Name:		NA		
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 EXP	PENSE CLAIMS are required	d for payr	ment. Co	pies, inclu	ding 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		
20-11-20-02	ASBA. Hotel Chage				366 00	366.04	1.304.400.0000.20.09.07		
23-2-01	Med - Belich / Apr/ Mc Focky/			51.29		51.29	1.304.400.0000		
	Albredit 10.56d		(4)				,00.09.01		
	/								
					_				
			-						
						1.5			
Attach original re	Attach original receipts for expenses claimed TOTAL 417. 29								
	0.						OFFICE USE ONLY		
	Signature:					_:	Total GST: 19.22		
	Authorized By (Name):					-	MEAL ALLOWANCE Breakfast: \$11.00		

Authorized By (Signature):

Battle River School Division

Revised: July 1, 2019

\$23.50

Dinner: