## **Battle River School Division**

## **EXPENSE CLAIM** Name: Mailing Address: Month/Year: Student Name: School/Location: 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	.68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2023/Jun 4-6	West Cafey - Nowwoodlay				355.56	355.56	
1							9
02003 Jun 4-6	Forestly -> West Calsey	630	428.40		428.40	428.40	
		1	-			I	•
Attach original receipts for expenses claimed					TOTAL	783.96	
							OFFICE USE ONLY
	Signature:						Total GST:
	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00
	Authorized By (Signature):						Dinner: \$23.50