Karen Belich

Name:

Battle River School Division EXPENSE CLAIM

Mailing Address:

September 2023			· · · · · · · · · · · · · · · · · · ·		n/a if direct depo	sit established; attach bank info to set-up
			Student	Student Name:		
Trustee			Otadoni		for Transporta	tion claims (PUF / International Students)
nitted after this date will <u>NOT</u>	be reimb	oursed.	58 25 34	and the second		,
BUS DRIVERS Do NOT claim field trip expenses (claim on the applicable "Trip Report" form).						
AL STUDENT PROGRAM	- claim mi	leage/par	king only;	reimbursem	ent require	s original parkade receipt.
Description	Kms	.68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
ASBA Zone 4	196	133.28			133.28	
				-		
ret						
				TOTAL	422.00	
ceipts for expenses claimed		p000	To a	TOTAL	133.28 ~	OFFICE USE ONLY
Signature:						Total GST:
Authorized By (Name): Authorized By (Signature):						MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50
	PENSE CLAIMS are required Do NOT claim field trip ex AL STUDENT PROGRAM Description ASBA Zone 4 Ceipts for expenses claimed Signature: Authorized By (Name):	must be submitted to Division Office of the nitted after this date will NOT be reimber PENSE CLAIMS are required for payment of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will NOT be reimber of the nitted after this date will not not not not nitted after this date will not	must be submitted to Division Office WITHIN Toitted after this date will NOT be reimbursed. PENSE CLAIMS are required for payment. Copgrant of the common o	must be submitted to Division Office WITHIN TWO MON bitted after this date will NOT be reimbursed. PENSE CLAIMS are required for payment. Copies, including the company of	September 2023 Trustee Student Name: must be submitted to Division Office WITHIN TWO MONTHS from the nitted after this date will NOT be reimbursed. PENSE CLAIMS are required for payment. Copies, including forms so and the applicable "Trip In AL STUDENT PROGRAM claim mileage/parking only; reimbursem Description Kms 68 x ms Meals Other medical renewal, PUF set rate, parking, etc. ASBA Zone 4 196 133.28 Other medical renewal, parking, etc. ASBA Zone 4 196 133.28 Total Comparison of the application of the applicatio	Trustee Student Name: for Transporta

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Page 1 of 1