Battle River School Division

EXPENSE CLAIM							
Name:	Your Algar			Mailing Address:			
Month/Year:	October	302	3	0		n/a if direct depo	sit established; attach bank info to set-up
School/Location:					Student Name:		
	must be submitted to Divisionitted after this date will <u>NOT</u>			OM OW			ne month the claim is for.
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 Oct 16	New No rway Community	50	34,00			34.00	
2023 Oct 17	Ryley Community Mtz	B16	78.88			728	
	(100dos)						,
100	10 . No.						
Attach original receipts for expenses claimed TOTAL					112,88		
	Signature:						OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):					e	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50

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Revised: Mar 1, 2023 Page 1 of 1