Form	11	5-1
UIII		-J-1

Name:

Battle River School Division EXPENSE CLAIM

Name:	Karen Belich		_ Mailing Address:		n/a if direct deposit established; attach bank info to set-up		
Month/Year:				ė:		п/а іг аігесі аеро	osit established; attach bank info to set-up
School/Location:	:Trustee			Student	Name:	· -	(0.15 (1.15)
Expenses subr	n must be submitted to Divis mitted after this date will <u>NO</u>	<u>T</u> be reim	bursed.			n the end of	on claims (PUF / International Students) the month the claim is for. x/email, will not be processed.
	5 11	8 8		ě	-		11
	S Do NOT claim field trip o	-					res original parkade receipt.
Date (YYYY Mon DD)	Description	Kms	.68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc.	Total	Account Code
2023/10/04	meeting	48	32.64		- Markini - Fi	32.64	
2023/10/16	ASBA Zone 4	326	221.68			221.68	
2023/10/18	Daysland meeting	112	76.16			76.16	9
			2				
							18
							1
Attach original re	l eceipts for expenses claimed	<u> </u> 			TOTAL	330.48	
	Signature:					- 10	OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):			2		-	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50