Battle River School Division							
C. J. M. EXPENSE CLAIM							
Name:	Portive Michel	2		Mailing	Address:		
Month/Year:	Potrule Mifes Oct 2023 Trustee					n/a if direct dep	osit established; attach bank info to set-up
School/Location:	Trustee			Student			
						for Transporta	tion claims (PUF / International Students)
IMPORTANT:							
Expense Claim must be submitted to Division Office <u>WITHIN TWO MONTHS</u> from the end of the month the claim is for.							
Expenses submitted after this date will <u>NOT</u> 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	Description	Kms	.68 x	Meals	Other medical renewal,	Total	Account Code
(YYYY Mon DD)	Description	KIIIS	Kms	, ivicais	PUF set rate, parking, etc	Total	Account Code
2025/10/16	Bounda Rever INN	56	38.08			39.08	/
2023. 110/17.	Banda Rave / Rife	144	97.92	-		97.92	/
2023/10/18	Bounds Reven / Ong	10 84	52.12			5212	57.12
*							
	2						
Attach original receipts for expenses claimed TOTAL						188.12	193.120
						OFFICE USE ONLY	
	Signature:						Total GST:
	Authorized By (Name):						MEAL ALLOWANCE
Addionized by (Maine).					<u>*</u>	Breakfast: \$11.00 Lunch: \$15.00	
	Authorized By (Signature):					_	Dinner: \$23.50

Company of a second

3 2 26

The second of th

188/2

week or a