Name:

Battle River School Division EXPENSE CLAIM

Name:	Patrick McFeely - Board Chair			Mailing Address:		-/- :6 -1:	" - t-bl'-b-d-Hash b-al-i-f-t-ast
Month/Year:	October 2023			-		n/a ir direct depo	osit established; attach bank info to set-up
School/Location: School Board			Student Name: for Transports		for Transportat	ion claims (PUF / International Students)	
73	n must be submitted to Divis mitted after this date will NO			I TWO MO	ONTHS from	m the end o	f the month the claim is for.
ORIGINAL EX	PENSE CLAIMS are require	d for pay	ment. Co	opies, inc	luding form	ıs sent via fa	ax/email, will not be processed
BUS DRIVERS	Do NOT claim field trip e	xpenses	(claim o	n the app	licable "Ti	rip Report"	form).
INTERNATION	AL STUDENT PROGRAM -	- claim m	ileage/pa	arking only	y; reimburs	ement requ	ires original parkade receipt.
Date (YYYY Mon DD)	Description	Kms	.68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2023/10/12	Board Supper - All Trustees	S		146.81		146.81	1.304.400.0000.
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	SALE SALE		APPROVED	A0000000041010			
NORSE 6505	CAMROSE 78 Batch # 166 10/12/23 APPR CODE 11 Trace: 44 MASTERCARU	0628		MASTERCARD AID: A00000000 TVR: 00 00 00	3 5 –		
	CAMRON 7 7 8 Batch #: 166 10/12/23 APPR CODE Trace: 44 MASTERCARU	AMOUN	TÖTAL	A000	Ξ -		
	C.P. Batch # 10/12/23 APPR C Trace: 4 MASTER	AM	0	MAS AID: TVR:	 		
				,			
Attach original re	ceipts for expenses claime	d			TOTAL	146.81	Tooms Jah
	Signature:					_ / 5	OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):					(01)	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50