Battle River School Division EXPENSE CLAIM							
Name:	hale Albrich	J -	AFENSI		Address:		
Month/Year:	Nov ,				i	n/a if direct depo	sit established; attach bank info to set-up
School/Location:	Board.			Student		for Transportat	ion claims (PUF / International Students)
IMPORTANT: Expense Claim must be submitted to Division Office WITHIN TWO MONTHS from the end of the month the claim is for. Expenses submitted after this date will NOT 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 (YYYY Mon DD)	Description	Kms	.68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
23/11/26	ASBA KILL				526.64	526.64	
n l ii	Milege to Wester	236	起16	0,48		160,48	
23/ 10/12	Camros Comp - Comming	162	110.16)		110.16	
16	New Morning 1 - Engagent	2/2	199.16			144.16	
18	Daysland "	108	72.44			73.44	
	Dayine	100	13:11			15.11	
Attach original receipts for expenses claimed TOTAL 1019-88							
Signature:					il .	K	OFFICE USE ONLY Total GST:
	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00
	Authorized By (Signature):						Lunch: \$15.00 Dinner: \$23.50