Battle River School Division

| EXPENSE CLAIM | | | | | | | | |
|--|----------------------------|-----|--------------|---------------|--|--------------------|--|--|
| Name: | Now/2023 | | | Mailing | Mailing Address: | | | |
| Month/Year: | Nov/2023 | | | • 5 | | n/a if direct depo | osit established; attach bank info to set-up | |
| School/Location: | n: Tryster | | | Student Name: | | for Transported | in alaine (DUE (laterational Chalanta) | |
| 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 | |
| 2023/11/27 | Meaco - Zone | 72 | 48,96 | | | 48.96 | | |
| | 4 meeting in | | | | | | | |
| | Wetaskurin | | | | | | | |
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| Attach original receipts for expenses claimed | | | | | TOTAL | 48.96 | | |
| | Signature: | | | | | | OFFICE USE ONLY Total GST: | |
| | Authorized By (Name): | | | | | - | MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 | |
| | Authorized By (Signature): | | | | | - | Dinner: \$23.50 | |