Battle River School Division

EXPENSE CLAIM							
Name:	Vovember 2023			Mailing Address:		n/a if direct depo	osit established; attach bank info to set-up
Month/Year:	November	200	-3				
School/Location:	1 rustee			Student		for Transnortat	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
2023 Nov 19/21	ASBA FGM	142	96.56		526.64	623,20	
Attach original receipts for expenses claimed TC					TOTAL	623,20	
	Signature:						OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):					() ()	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50