Form	11	5-1	1
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Battle River School Division EXPENSE CLAIM

		E	XPENSI	E CLAII	VI			
Name:	Karen Belich			Mailing Address:		-1-11-11-1-1		
Month/Year:	February 2024			ii.		п/а іт аігест аерс	osit established; attach bank info to set-up	
School/Location:	Trustee			Student	Name:		in this (DUE (International Condense)	
						for Transportati	ion claims (PUF / International Students)	
100 CO	must be submitted to Divisi mitted after this date will <u>NO</u>			тwо мо	NTHS fron	n the end of	the month the claim is for.	
ORIGINAL EX	PENSE CLAIMS are require	ed for pay	ment. Co	opies, incl	luding form	s sent via fa	x/email, will not be processed.	
BUS DRIVERS	G Do NOT claim field trip e	xpenses	(claim or	the app	licable "Tr	ip Report"	form).	
INTERNATION	IAL STUDENT PROGRAM	claim r	nileage/pa	arking onl		sement requ	ires original parkade receipt.	
Date (YYYY Mon DD)	Description	Kms	.68 x	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code	
2024/02/02	meeting (Camrose)	48	32.64			32.64		
						-		
Attach original re	ceipts for expenses claimed	<u> </u>			TOTAL	32,64	- 33.60	
	Signature:						OFFICE USE ONLY Total GST:	
	Authorized By (Name): Authorized By (Signature):	F.				-	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50	