Battle River School Division EXPENSE CLAIM

Name:	Patrick McFeely			Mailing Address:		n/a if direct den	eposit established; attach bank info to set-up	
Month/Year:	June 2024			KI .		na nanci deposi established, altaen balit inie te eet ep		
School/Location: Trustee			Student Name: for Transportation		for Transportati	ion claims (PUF / International Students)		
	must be submitted to Divisi nitted after this date will <u>NO</u>			тwo мо	NTHS from	the end of	the month the claim is for.	
ORIGINAL EX	PENSE CLAIMS are require	ed for pay	ment. Co	opies, incl	uding forms	s sent via fa	x/email, will not be processed.	
BUS DRIVERS	Do NOT claim field trip e	xpenses	(claim or	n the app	licable "Tri	p Report"	form).	
INTERNATION	AL STUDENT PROGRAM	claim n	nileage/pa	arking only	y; reimburs	ement requi	ires original parkade receipt.	
Date (YYYY Mon DD)	Description	Kms	.70 x Kms	Meals	Other medical renewal, PUF set rate, parking etc	Total	Account Code	
2024/6/7	Hotel/Parking				378.02	378.02		
2024/6/7	Mileage for Conference	576	403.20			403.20		
Contractor of the Contractor o								

Attach original re	ceipts for expenses claimed	1			TOTAL	781,22		
	Signature:						OFFICE USE ONLY Total GST:	
	Authorized By (Name):				-		MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00	
	Authorized By (Signature):						Dinner: \$23.50	