Battle River School Division EXPENSE CLAIM

Name:	Karen Belich			Mailing Address: n/a if direct deposit established; attach bank info to set-up			
Month/Year:	June 2024					nia ii direct depo	osit established, attach bank into to set-up
School/Location: <u>Trustee</u>			Student Name: for Transportation claims (PUF / International Students)				
5	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 EXI	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	the app	licable "Tri	p Report"	form).
INTERNATION	AL STUDENT PROGRAM	claim n	nileage/pa	arking only		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
2024/6/5	Hotel				357.02	357.02	
2024/6/6	meeting	48	33.60			33.60	
S4							
							o o
							¥
Attach original receipts for expenses claimed					TOŢAL	390.62	
	Signature:						OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):				1		MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50