Battle River School Division EXPENSE CLAIM

Name:	Doug Algar			Mailing Address:			osit established; attach bank info to set-up	
Month/Year:	June 2024				, an anout deposit established, and of selecting			
School/Location:	ol/Location: Trustee			Student Name: for Transportate		for Transportati	on 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	.70 x Kms	Meals	Other medical renewal, PUF set rate, parking etc	Total	Account Code	
June 2-4	ASBA SGM - Calgary	572	400.40		378.02	778.42		
2024/6/17	Bus driver negotiate - Ryley	118	82.60			82.60		
Attach original receipts for expenses claimed TOTAL 861.02								
	Signature:						OFFICE USE ONLY Total GST:	
	Authorized By (Name): Authorized By (Signature):						MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50	

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Revised: Jan 1, 2024 Page 1 of 1