	Battle River School Division EXPENSE CLAIM							
Name:	Voug Algar DZ+ 2024	Mailing Address:	n/a if direct deposit established; attach bank info to set-up					
School/Location:	TRUSTER	Student Name:	for Transportation claims (PUF / International Students)					

IMPORTANT:

Expense Claim must be submitted to Division Office <u>WITHIN TWO MONTHS</u> from the end of the month the claim is for. Expenses submitted after this date will <u>NOT</u> 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
2024/10/23	Council of SC - Ryley	142	99.40			99.40	
					L		
Attach original receipts for expenses claimed TOTAL						99.40	
Signature:							OFFICE USE ONLY
							Total GST:
	Authorized By (Name):		MEAL ALLOWANCE Breakfast: \$11.00				
	Authorized By (Name).		Lunch: \$15.00 Dinner: \$23.50				