## **Battle River School Division EXPENSE CLAIM** Mailing Address: Name: n/a if direct deposit established; attach bank info to set-up Month/Year: Student Name: School/Location: for Transportation 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
2021/11/18	Fall AGM	247	172.90			172.90	
of all a	Mannist - Holel & Park			808,24	42.86	851.10	
		)					
****							
Attach original receipts for expenses claimed TOTAL					1024.00		
				4	·	٨	OFFICE USE ONLY
	Signature:						Total GST:
	Authorized Dy (News)						MEAL ALLOWANCE
	Authorized By (Name):						Breakfast: \$11.00 Lunch: \$15.00
	Authorized By (Signature):						Dinner: \$23.50

Battle River School Division Forms Manual

Revised: Jan 1, 2024 Page 1 of 1