Battle River School Division

EXPENSE CLAIM

The state of the s							
Name:	Wight Wibben			Mailing	Mailing Address: n/a if direct deposit established; attach bank info to set-up		
Month/Year:	November - December,	2024		el e		1/1	-
School/Location	chool/Location: SOT			Student Name:		10/14	
						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
2024/11/17-19	Milege Fredling-Edn Ketur	286	200.20			200.20	
2024/11/17-18	Accomodation - ASBA FGM				996.10	896.10	
2024/11/25	Mileon - Foreiby Tolice Ret	195	136.50			136,50	
2024/10/3	Allege - Forsty Carex Relun	138	96.60			96.60	
7 - 7	,						
120							
-		91					
Attach original receipts for expenses claimed					TOTAL	1,329.40	
Signature:							OFFICE USE ONLY Total GST:
	Authorized By (Name):					:	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00
Authorized By (Signature):							Dinner: \$23.50