Battle River School Division EXPENSE CLAIM

Name:	Doug Algar			Mailing	Address:	n/a if direct deno	osit established; attach bank info to set-up
Month/Year:	December 2024			, and in direct deposits established, dilater, sum into to est op			
School/Location:	on: <u>Trustee</u>			Student	Student Name: 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
2024/12/18	Meeting with MLA Rick Wilson	80	56.00			56.00	
8							
Managaria mana mana an							1
Attach original receipts for expenses claimed				10 <u>0</u> 2	TOTAL	56.00	OFFICE USE ONLY
	Signature:			200			Total GST:
	Authorized By (Name): Authorized By (Signature):						MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50
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