Fo	rm	11	5-	.1
			. •	-

Battle River School Division EXPENSE CLAIM

Name:	Karen Belich			Mailing	Address:	n/o if direct don	osit established; attach bank info to set-up
Month/Year:	December 2024			53		nia ii direci depo	osit established, attach bank mio to set-up
School/Location: Trustee			Student	Student Name: for Transportation claims (PUF / International Students)			
ORIGINAL EXI	Do NOT claim field trip e	T be reimed for payexpenses	bursed. ment. Co (claim or	opies, incl	NTHS from uding form: licable "Tr y; reimburs	n the end of s sent via fa	the month the claim is for.
Date (YYYY Mon DD)	Description	Kms	.70 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc.	Total	Account Code
2024/12/3	Meeting	48	33.60			33.60	
2024/12/18	MLA meeting	48	33.60			33.60	

	Man e						,
Attach original re	ceipts for expenses claimed	ſ			TOTAL	67.20	
	Signature:					VALUE.	OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):					-	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50

Battle River School Division Forms Manual

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