Name: Month/Year: School/Location: IMPORTANT: Expense Claim must be submitted to Division Office WITHIN T				E CLAIM Mailing Address: n/a Student Name:		for Transportat	isit established; attach bank info to set-up ion claims (PUF / International Students) e 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	- claim m	.70 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	s original parkade receipt. Account Code
25/01/09 25/01/28 25/01/20 25/01/21	Milege Camps Vale he Milege Camps Volus Rook Milege Camps CUPE Ving Council Mesty	162 162 162				113.40 113.40 113,40	
	Toware bridge scoling					<i>a</i>	
	-						
Attach original re	ceipts for expenses claimed				TOTAL	3/20	349.97
	Signature: Authorized By (Name):						Total GST: MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00

Authorized By (Signature):

\$23.50

Dinner: