

Battle River School Division EXPENSE CLAIM

Name: Doug Algar Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: January 2025

School/Location: Trustee 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
2025/1/21	Value Scoping in Tofield	104	72.80			72.80	

Attach original receipts for expenses claimed **TOTAL** 72.80 74.88

Signature: _____
 Authorized By (Name): _____
 Authorized By (Signature): _____

OFFICE USE ONLY
Total GST:
MEAL ALLOWANCE
Breakfast: \$11.00
Lunch: \$15.00
Dinner: \$23.50