Battle River School Division EXPENSE CLAIM

Name:	Karen Belich			Mailing Address:		n/a if direct deposit established; attach bank info to set-up	
Month/Year:	January 2025					That it direct dept	son established, attach bank into to set up
School/Location:	ocation: <u>Trustee</u>			Student Name: for Transportation			on claims (PUF / International Students)
	must be submitted to Divisinitted after this date will NO			тwo мо	NTHS fron	n the end of	the month the claim is for.
ORIGINAL EXP	PENSE CLAIMS are require	ed for pay	ment. Co	opies, incl	uding form	s sent via fa	x/email, will not be processed.
BUS DRIVERS	Do NOT claim field trip e	xpenses	(claim or	1 the app	licable "Tr	ip Report"	form).
INTERNATION	AL STUDENT PROGRAM	claim n		arking only		sement requi	res original parkade receipt.
Date (YYYY Mon DD)	Description	Kms	70 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc.	Total	Account Code
2025/1/8	meeting	48	33.60			33.60	
2025/1/9	meeting	48	33.60			33.60	
2025/1/20	meeting	158	110.60			110.60	
2025/1/30	meeting	48	33.60			33.60	

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					£		
Attach original receipts for expenses claimed					TOTAL	211.40	217.44
	Signature:					_	OFFICE USE ONLY Total GST:
Authorized By (Name): Authorized By (Signature):						_	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50