Form 115-1

19060

Battle River School Division

EXPENSE CLAIM

Name: Ray Bodh

Mailing Address:

n/a if direct deposit established; attach bank info to set-up

Month/Year: May / 2018

School/Location: Division Office

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 Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
May 3	Tofield	112	60.48			60.48	1-304-35-100-200-11
9	Ryley	144	77.76			77.76	
15	Tofield	112	60.48			60.48	
16	Holden	128	69.12			69.12	
24	Edmonton	200	108.00			108.00	
24.	Elocin Tel			1.25	26.24	26.24	

POSTED JUN 0 8 2018

TOTAL 402.08

OFFICE USE ONLY

Total GST: 19.15

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00

PAID JUN 25 2018

Revised March 2018