Form 115-1 180624

Battle River School Division

EXPENSE CLAIM

Name: KimBALL, Jeffrey **Mailing Address:**

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

Month/Year: June 2018

School/Location: **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
2018/06/04	ASBA Meeting	310	167.40	11.56 7.97	252.10	419.50	1.404.400.09.280

POSTED JUL 09 2018

PAID JUL 16 2018

Attach original receipts for expenses claimed

TOTAL 419.50

OFFICE USE ONLY

Total GST: 19.53

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00