

190427

Form 115-1

**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: April 2019

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 <small>(YYYY Month DD)</small>	Description	Kms	.54 x Kms	Meals	Other <small>medical renewal, PUF set rate, parking, etc</small>	Total	Account Code
2019-4-7	mileage to CPF	48	25.92			25.92	1-404 400-09-2701
2019-4-27	mileage to ASCA	150	81.00			81.00	PD-Int.

Attach original receipts for expenses claimed. **TOTAL** 106.92

**Signature:** \_\_\_\_\_

**Authorized By (Name):** \_\_\_\_\_

**Authorized By (Signature):** \_\_\_\_\_

OFFICE USE ONLY
<b>Total GST:</b> _____

MEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00

**POSTED**  
MAY 06 2019

PAID  
MAY 13 2019