Form 115-1 190303

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: March 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 (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2019/3/3	AB Rural Education Symp.	200	108.00			108.00	1-40-400-09-2701

Attach original receipts for expenses claimed **TOTAL** 108.00

Signature:

Authorized By (Name):

Authorized By (Signatu _____

OFFICE USE ONLY
Total GST:

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

POSTED
APR 04 2019

PAID
APR 15 2019