Form 115-1 180920

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skori **Mailing Address:**

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

Month/Year: Sept / 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
2018/09/20	ASBA Zone meeting	348	187.92			187.92	1-404-400-09-220

POSTED OCT 05 2018

PAID OCT 15 2018

claimed

TOTAL 187.92

OFFICE USE ONLY
Total GST:

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

Revised March 2018