Form 115-1 #190527

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: May, 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
2019/05/02	Edwin Parr-Castor	232	125.28			125.28	
2019/05/27	Zone 4 meeting	694	374.76			374.76	1.404.400.09.22.01
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Attach original receipts for expenses claimed **TOTAL** 500.04 [redacted]

OFFICE USE ONLY
Total GST: (i)

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