Form 115-1

190201

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: Jan /19.

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/Jan/11~~	~~Board Planning Day~~	~~192~~	~~103.68~~			~~103.68~~	
2019/Jan/22	Comm. Engagement	192	103.68			103.68	1.404.400.09.2201
2019/Jan/28	Zone 4 meeting	294	158.76			158.76	

FEB 04 2019

Attach origin

~~366.12~~ (i) 262.44

OFFICE USE ONLY
Total GST:

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

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Revised March 2018