190430

Form 115-1

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: 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 (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2019/04/05	Edwin Parr Comm.	464	250.56	11.50		262.06	
2019/04/16	"	582	314.28			314.28	
2019/04/17	"	488	263.52	11.50		275.02	
2019/04/30	Zone 4 meeting	622	335.88			335.88	1-404-400-09-22-01

Attach original receipts for expenses claimed

TOTAL 1187.24

OFFICE USE ONLY
Total GST: 56.81

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

POSTED MAY 06 2019

PAID MAY 13 2019

Signature:

Authorized By (Name):

Authorized By (Signature):