

190306

Form 115-1

Battis River School Division
EXPENSE CLAIM

Name: Lyle Albrecht Mailing Address: _____
Month/Year: March / 19
School/Location: Board Student Name: _____
v/a direct deposit established, attach bank info to end of form
for Transportation claims (TRIP / 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
2019/03/06	Audit Committee	160	86.40			86.40	1404-400-09-24-01

Original receipts for expenses claimed

TOTAL 86.40

OFFICE USE ONLY
Total GST: _____

MEAL ALLOWANCE
Breakfast \$9
Lunch \$1
Dinner \$1

PAID
APR 15 2019

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____

POSTED
Div APR 04 2019