Form 115-1 181211

Battle River School Division

EXPENSE CLAIM

Name: NORM ERICKSON **Mailing Address:** _____

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

Month/Year: _____

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
2018/12/11	Teba (Edmonton.	190	102.60			102.60	1-404-400-09-18-01
						102.60	

POSTED DEC 20 2018

OFFICE USE ONLY
Total GST:

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