

190417

Form 115-1

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: Apr. 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
19/04/17	Beaver County	154				83.16	
29/04/17	FICS	190				102.60	1-404-400-09-18-01
						TOTAL	185.76

Attach original receipts for expenses claimed

Signature: \_\_\_\_\_  
 Authorized By (Name): \_\_\_\_\_  
 Authorized By (Signature): \_\_\_\_\_

OFFICE USE ONLY	
Total GST:	
<b>PAID</b>	
MAY 13 2019	
MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00

POSTED  
MAY 06 2019