Form 115-1

180619

Battle River School Division

EXPENSE CLAIM

Name: Zsuzsanna Hemperger **Mailing Address:**

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

Month/Year: June 2018

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 June 04-05	ASBA Spring General Mtg.	175km×2	0.54×350	9.00		189.00	1-404-400-09-26-01
2018 June 04-05	ASBA Spring General Meeting			8.03	Hotel	175.04	
2018 June 13	Audit meeting	41,3×2	0.54×82,6	2.12		44,60	
2018 June 19	Leaves Bursaries & Applications	41,3×2	0,54×82,6	2.12		44,60	

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OFFICE USE ONLY
Total GST: 21.27

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

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Revised March 2018