190529

Form 115-1

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: May 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, 29	Elk Island meeting mileage	48km×2	.54×96			51,84	1-404-400-09-26-01
2019 05, 29	Council & Board meetings mileage	41,3×2	.54×82,6			44,60	ac

Attach original receipts for expenses claimed

TOTAL 96,44 [redacted] (1)

OFFICE USE ONLY
Total GST: (i)

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

Revised March 2018