Form 115-1 190801

Battle River School Division
EXPENSE CLAIM

Name: Laurie Skori **Mailing Address:**
n/a if direct deposit established; attach bank info to se

Month/Year: June, 2019

School/Location: **Student Name:**
for Transportation claims (PUF / Internationa

IMPORTANT:

Expense Claim must be submitted to Division Office WITHIN TWO MONTHS from the end of the month the claim 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 p

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

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2019/June/2-3	mileage	468	252.72		12.03	252.72	
"	rooms				13.50	294.30	1-404-400-09-22-01

Attach original receipts for expenses claimed **TOTAL** 547.02

Signature:

Authorized By (Name):

Authorized By (Signature):

OFFICE USE ONLY
Total GST: 25.53

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

Battle River Regional Division No. 31
RECEIVED
JUL 2 9 2019