Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Kendall Severson **Mailing Address:**

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

Month/Year: June, 2019

School/Location: D.O. **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
2019/6/14	Audit Mtg	74	39.96			39.96	1-404-400-09-06-01

Attach original receipts for expenses claimed

TOTAL 39.96

Signature:

Authorized By (Name):

Authorized By (Signature):

OFFICE USE ONLY
Total GST: (1)

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