

180301

Form 115-1

Battle River School Division  
**EXPENSE CLAIM**

Name: Karen Belich Mailing Address: \_\_\_\_\_

Month/Year: February 2018

School/Location: \_\_\_\_\_ PUF Student Name: \_\_\_\_\_

**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).

↑  
Ignore

Date (MM/DD/YY)	Description	Kms. 34 x Kms.	Meals	Other	Total	Account Code
2/23/08	PD	48	20.93		25.93	1-464-4000-92701

Attach original receipts for expenses claimed. TOTAL: 25.93

STAFF USE ONLY  
Total GST: \_\_\_\_\_

**PAID**  
MAR 26 2018