Form 115-1 190609

Battle River School Division

EXPENSE CLAIM

Name: Karen Belich **Mailing Address:** _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: June 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 06 09	CPF AGM	48	25.92			25.92	1.404.400.09.27.01

Attach original receipts for expenses claime

TAL 25.92

Signature: _____

Authorized By (Name): _____

Authorized By (Signature) _____

OFFICE USE ONLY
Total GST: (1)

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