

190614

Form 115-1

Battle River School Division
EXPENSE CLAIM

Name: Zsuzsanna Hemperger Mailing Address: _____
Month/Year: June 2019
School/Location: _____ Student Name: _____
not direct deposit established - attach bank info to set up
for Transportation claims (PIUF: 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 (YYMM/DD)	Description	Kms	.54 x Kms	Meals	Other <small>(med, car, travel, P.U.F. set rate, parking, etc)</small>	Total	Account Code
201906/14	Audit meeting	413.22	54 x P.U.F.			44,60	1-404-400-09-26-01

Attach original receipts for expenses claimed

Signature: _____
Authorized By (Name): _____
Authorized By (Signature) _____

44,60

OFFICE USE ONLY
Total GST: (1)

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