Form 115-1 190603

Battle River School Division

EXPENSE CLAIM

Name: Norm Erickson **Mailing Address:** ______________________

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

Month/Year: ______________________

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
19/06/2,3	Hotel SGM				13.50	294.30	1.404.400.09-18.01
2,3	Mileage (Red Deer)	300	.54		7.71	162.00	
19/06/2	Supper			14.12	0.67	14.12	

Attach original receipts for expenses claimed **TOTAL** 470.42

Signature: ______________________

Authorized By (Name): ______________________

Authorized By (Signature): ______________________

OFFICE USE ONLY
Total GST: 21.88

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