Form 115-1 190604

**Battle River School Division**

# EXPENSE CLAIM

**Name:** Jeff KIMBALL **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 03-04 | ASBA SGM | 318 | | 8.18 | | 171.72 | 1-404-400-09-28-01 |
| 2019 06 03 | Meal | | 0.77 | 16.22 | [illegible] | 16.22 | |
| 2019 06 03-04 | Hotel Room | | | 18.26 | 398.02 | 398.02 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Attach original receipts for expenses claimed* **TOTAL** 585.96

**Signature:** _____

**Authorized By (Name):** _____

**Authorized By (Signature** _____

OFFICE USE ONLY
Total GST: 27.21

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