Form 115-1

Battle River School Division

EXPENSE CLAIM

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

Month/Year: OCT/NOV 2017

School/Location: Division Office **PUF Student Name:** _____
required for PUF Transportation claims

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**).

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	**Total**	Account Code
Aug 29/17	Return flight Japan	(Oct 26/NOV 7)				2807.24	1-304-700-00-00-51
Oct 31/17	Flight Okinawa to Tokyo					301.28	International Program
Nov 3/17	4 nights hotel-Tokyo					844.71	Travel Code
Nov 4/17	Train to Osaka					243.97	↓
Nov 7/17	Flight Osaka to Tokyo					284.60	↓

Attach original receipts for expenses claimed **TOTAL** 4481.80

OFFICE USE ONLY
Total GST:

Signature: _____

Supervisor Signature: _____

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

TO POST ON WEBSITE