Form 115-1 190318

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: February and March 2019

School/Location: Division Office **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
2019/2/12	Ryley	144	77.76			77.76	1-404-400-00-01-01
2019/3/5	Ryley	144	77.76			77.76	1-404-400-00-01-01
2019/3/13	Tofield	112	60.48			60.48	1-404-400-00-01-01
2019/3/15	School Visits	94	50.76			50.76	1-404-400-00-01-01
2019/2/6	wifi			—	40.00	40.00	1-404-400-00-01-01
2019/3/18	Pigeon Lake	196	105.84			105.84	1-404-400-00-01-01
		690					OK

Attach original receipts for expenses clain

412.60

OFFICE USE ONLY
Total GST: 17.74

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

POSTED
APR 0 2 2019

Signature:

Authorized By (Name):

Authorized By (Signatur

PAID
APR 1 5 2019