Form 115-1 190619

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: June 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
6/2-4/2019	Red Deer (ASBA SGM)	294	158.76			158.76	1-404-400-00-01-01
2019/6/~~2~~19	Nisku (CASS)	146	78.84			78.84	1-404-400-00-01-01
		440					GK

Attach original receipts for expenses claimed

TOTAL 237.60 (1)

POSTED JUL 02 2019

Signature:

Authorized By

Authorized By

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00

PAID JUL 08 2019