

Form 115-1

190531  
190601

Battle River School Division  
**EXPENSE CLAIM**

Name: Brett Heculak Mailing Address: \_\_\_\_\_  
 Month/Year: May / 2019 n/a if direct deposit established; attach bank info to set  
 School/Location: Division Office Student Name: \_\_\_\_\_  
 for Transportation claims (PUF / International)

**IMPORTANT:**

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the cla  
 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 b

**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 par**

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2019/05/12-15	U-Lead Conference Buff	776	419.04			419.04	1-382-400-00-01-01
2019/05/24	Ryley Grad in Holden	60	32.40			32.40	1-404-400-00-00-01
2019/05/31	Viking Grad	140	75.60			75.60	1-404-400-00-00-01 GR
		976					

Attach original receipts for expenses claim

527.04

Signature: \_\_\_\_\_

Authorized By (Name): \_\_\_\_\_

Authorized By (Signature): \_\_\_\_\_

OFFICE USE ONLY

Total GST: \_\_\_\_\_

MEAL ALLOWANCE

Breakfast: \$9.00

Lunch: \$11.50

Dinner: \$18.00

**POSTED**  
JUN 11 2019  
Battle River School Division

**PAID**  
JUN 24 2019  
Revised Mar