

Form 115-1

190624

Battle River School Division
EXPENSE CLAIM

Name: Brett Hecculoh Mailing Address: _____
 Month/Year: June 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
2019/06/05	Meeting in Edmonton	200	108.00			108.00	1-404-400-00-00-01
2019/06/07	CASS Zone 4 Meeting Red Deer	294	158.76			158.76	1-404-400-00-00-01
2019/06/17	Meeting Daysland	84	45.36			45.36	1-404-400-00-00-01
2019/06/19	Interviews Halden	80	43.20			43.20	1-404-400-00-00-01
2019/06/21	Interviews University	234	126.36			126.36	1-404-400-00-00-01
2019/06/24	Interviews Red Deer	58	31.32			31.32	1-404-400-00-00-01
		950					

Attach original receipts for expenses claimed

TOTAL 513.00 (1)

Signature: _____

Authorized By (Name): _____

Authorized By (Signature) _____

Battle River School Division

OFFICE USE ONLY	
Total GST:	_____
MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00



JUL 08 2019

Revised Mar