

190415

Form 115-1

Battle River School Division  
EXPENSE CLAIM

Name: Brett Huckeloh Mailing Address: \_\_\_\_\_  
 Month/Year: April / 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
2019/04/10-11	Human Resource Conference Edmonton	280	151.20			151.20	1-382-400-00-01-01
2019/04/15	Meeting with Principal in Postaw	120	64.80			64.80	1-404-400-00-00-01
		400					

Attach original receipts for expenses claime

216.00 (9)

Signature:

Authorized By (Name):

Authorized By (Signature)

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

Breakfast: \$9.00

Lunch: \$11.50

Dinner: \$18.00

