

Form 115-1

190301

Battle River School Division
EXPENSE CLAIM

Name: Brett Hucaloh Mailing Address: _____
 Month/Year: February 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
2019/02/05	Recruitment Fair Edmonton	200	108.00			108.00	1-404-400-00-00#01
2019/02/08	Interview Bawlf School	58	31.32			31.32	11
2019/02/11	Principal Evaluation Days land	84	45.36			45.36	11
2019/02/12	Meeting with Bus Drivers to Field	112	60.48			60.48	11
2019/02/21	Bashaw Meeting	120	64.80			64.80	11
2019/02/22	Viking Interviews	160	86.40			86.40	11
		734					

Attach original receipts for expenses claimed

TOTAL 396.36 (1)

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____

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

POSTED
Battle River School Division
MAR 04 2019

PAID
Revised Mar
MAR 18 2019