Form 115-1

Battle River School Division

EXPENSE CLAIM

191119

Name: Rita Marler

Mailing Address:

n/a if direct deposit established; attach bank info to set-up

Month/Year: November 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 Mon DD)	Description	Kms	.58 x Kms	GST Meals	Other (medical renewal, PUF set rate, parking, etc)	**Total**	Account Code
2019/11/7	Deerfoot Inn (CASS)			8.19	178.51	178.51	1-404-400-00-01-01
2019/11/17	Edmonton (ASBA)	200	116.00	5.52		116.00	1-404-400-00-01-01
2019/11/19	City of Edm - parking			3.14	66.00	66.00	1-404-400-00-01-01

Attach original receipts for expens

360.51

Signature:

Authorized By (M

Authorized By (S

OFFICE USE ONLY
Total GST: 16.85

MEAL ALLOWANCE
Breakfast: $11.00
Lunch: $15.00
Dinner: $23.50

RECEIVED
DEC 03 2019