Form 115-1 190929

Battle River School Division

EXPENSE CLAIM

Name: Rita Marler **Mailing Address:**

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

Month/Year: September 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	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2019/9/16	School Visits	156	90.48			90.48	1-404-400-00-01-01
2019/9/24	Sedgewick	172	99.76			99.76	1-404-400-00-01-01
2019/9/25	Daysland	84	48.72			48.72	1-404-400-00-01-01
2019/9/18	Amazon - prof rdg			2.24 TB	47.06	47.06	1-310-400-00-00-01
2019/9/29	Bashaw - Awards	120	69.60			69.60	1-310-400-00-00-01
		532					AC

Attach original receipts for expense

355.62

Signature:

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Authorized By (Si

OFFICE USE ONLY
Total GST: T 14.69 TB 2.24

MEAL ALLOWANCE

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

POSTED OCT 0 3 2019