Form 115-1

191210

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: December 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
2019/12/3	School visits	58	33.64			33.64	1-404-400-00-01-01
2019/12/4	School visits	84	48.72			48.72	1-404-400-00-01-01
2019/12/6	Red Deer - CASS	294	170.52			170.52	1-404-400-00-01-01
2019/12/10	School visits	186	107.88			107.88	1-404-400-00-01-01
		622					

Attach original receipts for exper

360.76

Signature:

Authorized By

Authorized By

OFFICE USE ONLY
Total GST: (1)

MEAL ALLOWANCE

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

POSTED
DEC 17 2019