Form 115-1 ~~191030~~ 191101

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: October 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
2019/10/3	School Visit	112	64.96			64.96	1-404-400-00-01-01
2019/10/8	School Visits	128	74.24			74.24	1-404-400-00-01-01
2019/10/11&22	Mileage Edm Airport	200	116.00			116.00	1-304-700-00-00-51
2019/10/21	taxi 57,000dong				Ø 3.25	3.25	1-304-700-00-00-51
2019/10/22	taxi 10,000dong				Ø 0.57	0.57	1-304-700-00-00-51
2019/10/19	Dinner - no receipt			23.50		23.50	1-304-700-00-00-51
2019/10/21	Dinner - no receipt			23.50		23.50	1-304-700-00-00-51
2019/10/28	Camrose Colony	22	12.76			12.76	1-404-400-00-01-01
2019/10/30	Colony School visits	180	104.40			104.40	1-404-400-00-01-01
		642KM					
		642 Km=	372.36		17.73		
			46.50		1.12		

Attach original receipts for expense

423.18

Signature:

Authorized By (N

Authorized By (S

OFFICE USE ONLY
Total GST: 18.85

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

POSTED NOV 18 2019