Form 115-1 190930

Battle River School Division

EXPENSE CLAIM

Name: Zsuzsanna Hemperger **Mailing Address:** _____

n/a if direct deposit established; attach bank info to s

Month/Year: September

School/Location: _____ **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 Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2019/09/30	Policy review Comm	82.6	47.9			47.90	1-404-400-09-26-01
						47.91	
						47.90	

Attach original receipts for expens

OFFICE USE ONLY
Total GST: (1)

Signature:

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

POSTED
OCT 03 2019

Authorized By (

Authorized By (