

Form 115-1

191201

Battle River School Division
EXPENSE CLAIM

Name: Zsuzsanna Hemberger Mailing Address: _____
 Month/Year: November 2019 n/a if direct deposit established; attach bank info to s
 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 Nov 17	Hotel ASBA conference				21.88	474.18	1.404.400.09.26.01
2019 Nov 17	ASBA conf. Mileage	64x2	0.58x128		3.54	74.24 ✓	ok

Attach original receipts for expense

548.42

Signature: _____
 Authorized By _____
 Authorized By _____

POSTED
DEC 17 2019
 Battle River School Division

OFFICE USE ONLY
 Total GST: 25.42
 MEAL ALLOWANCE
 Breakfast: \$11.00
 Lunch: \$15.00
 Dinner: \$23.50

Revised: July

