**Form 115-1** 191101

**Battle River School Division**

## EXPENSE CLAIM

**Name:** Jeff KimBALL **Mailing Address:** _____
*n/a if direct deposit established; attach bank info to set-up*

**Month/Year:** October 2019

**School/Location:** _____ **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 |
|---|---|---|---|---|---|---|---|
| Oct 29 | ATA Negotiations | 180 | 104.40 | — | — | 104.40 | |
| Oct 31 | ATA Negotiations | 180 | 104.40 | — | — | 104.40 | 1-404-400-09-28-01 CK |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Attach original receipts for expens*

208.80

**Signature:**

POSTED
NOV 18 2019

**Authorized By (N**

**Authorized By (S**

OFFICE USE ONLY
**Total GST:** (1)

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