

Form 115-1

191128

Battle River School Division
EXPENSE CLAIM

Name: Valerie Sims Mailing Address: _____
 Month/Year: Nov 2019 n/a if direct deposit established; attach bank info to s
 School/Location: trustee 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 28 ¹⁹	hotel FGM		18.54		hotel	581.55	
2019 Nov 28	FGM-dinner		1.12	Supper	Supper	23.50	1-404-2400-09-25-01
						605.05	

Attach original receipts for expenses

605.05

Signature: _____

Authorized By (_____
 Authorized By (_____

POSTED
DEC 03 2019
Battle River School Division

OFFICE USE ONLY	
Total GST:	19.66
MEAL ALLOWANCE	
Breakfast:	\$11.00
Lunch:	\$15.00
Dinner:	\$23.50

Revised: July

