Form 115-1 190930

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skori **Mailing Address:**

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

Month/Year: September / 19

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
2019/09/23	Zone-4	344	199.52			199.52	
2019/09/30	policy	192	111.36			111.36	1-404-400-09-22-01
		536					
						310.88	

Attach original receipts for expens

Signature:

Authorized By (I

Authorized By (S

POSTED
OCT 0 4 2019

OFFICE USE ONLY
Total GST: (1)

MEAL ALLOWANCE

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