

Form 115-1

191101

Battle River School Division
EXPENSE CLAIM

Name: Laurie Stoni Mailing Address:
Month/Year: October, 2019
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

Table with 8 columns: Date (YYYY Mon DD), Description, Kms, .58 x Kms, Meals, Other (medical renewal, PUF set rate, parking, etc), Total, Account Code. Rows include COSC, Zon4, and ATA Negot. with handwritten values.

1.404.400.09.22.01 GC

480.24 390.98

Attach original receipts for expenses

Signature:
Authorized By
Authorized By
Battle River School Division

POSTED NOV 18 2019

OFFICE USE ONLY
Total GST: (1)
MEAL ALLOWANCE
Breakfast: \$11.00
Lunch: \$15.00
Dinner: \$23.50

Revised: July

Forms Manual

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