Form 115-1 19/11/17

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skoni **Mailing Address:**

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

Month/Year: Nov/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
2019/11/17	ASBA FGM	210	121.80	5.80		121.80	
"	" Rooms			26.67	~~888.88~~	581.55	1-404-400-09-22-01

Attach original receipts for expe L 703.35

Signature:

Authorized By

Authorized By

OFFICE USE ONLY
Total GST: 32.47

MEAL ALLOWANCE

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

POSTED DEC 03 2019

Battle River School Division Revised: July