Form 115-1 190927

Battle River School Division

EXPENSE CLAIM

Name: Imogene Walsh **Mailing Address:**

n/a if direct deposit established; attach bank info to set-up

Month/Year: Sep '19

School/Location: Division Office **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
2019 09 03	Sedgewick	172	99.76			99.76	1-404-400-00-02-01
2019 09 06	Sedgewick	172	99.76			99.76	
2019 09 10	Sedgewick	172	99.76			99.76	
2019 09 11	Sedgewick/Edm (AB Ed)	363	210.54			210.54	
2019 09 26	Edmonton (PCBO)	200	116.00			116.00	
2019 09 27	Sedgwick	172	99.76			99.76	
		T251					

Attach original receipts for expens

725.58

Signature:

Authorized By (

Authorized By (

OFFICE USE ONLY
Total GST: (1)

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

POSTED
OCT 0 8 2019