190901

Form 115-1

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: Aug '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
2019/8/15	Lunch			15.00		15.00	~~1-404-400-00-06-01~~
2019/8/15	Dinner			23.50		23.50	53.50 ✓
2019/8/15	Lunch			15.00		15.00	✓
	(Above are Summer Conf meals)						1-404-400-00-02-01
2019/8/19	Sedgewick	172	99.76			99.76	~~1-404-400-02-00-01~~
2019/8/23	Sedgewick	172	99.76			99.76	498.80 ✓
2019/8/26	Sedgewick	172	99.76			99.76	✓
2019/8/27	Sedgewick	172	99.76			99.76	✓
2019/8/28	Sedgewick	172	99.76			99.76	✓
		860					

Attach original receipts for expen

552.30

Signature:

Authorized By (

Authorized By (

POSTED
SEP 23 2019

OFFICE USE ONLY
Total GST: (1)

MEAL ALLOWANCE

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