

191119

Form 115-1

Battle River School Division  
EXPENSE CLAIM

Name: Natasha Wilm Mailing Address: \_\_\_\_\_  
 Month/Year: November / 2019 n/a if direct deposit established, attach bank info to set-up  
 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
2019/11/06	CASS - Calgary	288	167.04			167.04	1-382-400-00-01-01
2019/11/08	CASS - Calgary	288	167.04			167.04	1-382-400-00-01-01
2019/11/11	Airport Trip YEG	75	43.50			43.50	1-304-700-00-00-51
2019/11/12	Dinner - Per Diem			23.50		23.50	
2019/11/13	Lunch - Per Diem			15.00		15.00	
2019/11/13	Dinner - Per Diem			23.50		23.50	
2019/11/14	Lunch - Per Diem			15.00		15.00	
2019/11/14	Dinner - Per Diem			23.50		23.50	
2019/11/15	Dinner - Per Diem			23.50		23.50	
2019/11/16	Dinner - Per Diem			23.50		23.50	
2019/11/17	Lunch - Per Diem			15.00		15.00	
2019/11/17	Dinner - Per Diem			23.50		23.50	
2019/11/18	Lunch - Per Diem			15.00		15.00	
2019/11/18	Dinner - Per Diem			23.50		23.50	
2019/11/19	Lunch - Per Diem			15.00		15.00	
2019/11/19	Return from YEG	75	43.50			43.50	

Attach original receipts for expenses claimed 726

TOTAL 660.58

Signature  
Authorized  
Authorized



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

POSTED  
DEC 03 2019

191120

Battle River School Division  
EXPENSE CLAIM

Name: Natasha Wilm Mailing Address: \_\_\_\_\_  
 Month/Year: November / 2019 n/a if direct deposit established; attach bank info to set-up  
 School/Location: Division Office Student Name: \_\_\_\_\_  
for Transportation claims (PUF / International Students)

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**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	JPY ¥	Other medical renewal, PUF set rate, parking, etc	Total CAD \$	Account Code
2019/11/12	Train to hotel			2,870		36.17	1-304-700-00-00-51
2019/11/13	Train(s) to Yokohama			340		4.29	}
				300		3.78	
				340		4.29	
				280		3.53	
				280		3.53	
				280		3.53	
				280		3.53	
				280		3.53	
2019/11/18	Taxi to Osaka Station			2130		26.85	}
	Train to Kyoto			1140		14.37	
	Train from Kyoto			1140		14.37	
2019/11/19	Accommodation Tax			400		5.04	↓

Attach original receipts for expenses claimed. TOTAL 123.28

Signature: \_\_\_\_\_  
 Authorized By (Name): \_\_\_\_\_  
 Authorized By (Signature): \_\_\_\_\_

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

POSTED  
 DEC 02 2019  
 Battle River School Division  
 Forms Manual

Conversion Rate: \$1 CAD = 0.012604 JPY ¥  
 (attached)