Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Jeff KIMBALL **Mailing Address:** _____

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

Month/Year: Feb 2020

School/Location: _____ **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
2020-02-24	ASBA Zone Meeting	180	104.40			104.40	1-404-400-09-25-01

Attach original receipts for expenses claimed

TOTAL 104.40

Signature: [redacted]

Authorized By (Name): [redacted]

Authorized By (Signatu [redacted]

OFFICE USE ONLY
Total GST:

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