Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Valerie Sims

Month/Year: March 2020

School/Location: trustee

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

PUF Student Name: required for PUF Transportation claims

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).**

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
20200301	hotel for rural caucus.				357.52	357.52	1.404.400.09.25.01
20200301	supper			22.73		22.73	
20200302	supper			33.38		33.38	
					TOTAL	413.63	

Attach original receipts for expenses claimed

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00

Signature:

Supervisor Signature: