Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Jeff KIMBALL Mailing Address: _____

n/a if direct deposit established; attach bank info to s

Month/Year: JAN 2020

School/Location: _____ Student Name: _____

for Transportation claims (PUF / International

IMPORTANT:

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the cla
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 b

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** par

Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2020 JAN 16	Thought Exchange	180	104.40			104.40	1-404-400-09-280

Attach original receipts for expenses claimed TOTAL 104.40

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____

OFFICE USE ONLY
Total GST:

MEAL ALLOWANCE

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