Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skori

Mailing Address: _____

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

Month/Year: January 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
2020/01/27	ASBA Zone 4	318	184.44			184.44	1-404-400 09-22-01

Attach original receipts for expenses claimed

TOTAL 184.44

Signature: _____

Authorized By (Name): _____

Authorized By (Signatur _____

OFFICE USE ONLY
Total GST:

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

Battle River School Division

Revised: July