Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Karen Belich **Mailing Address:** _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: March 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
2020/3/1	Rural Ed Symposium	196	113.68			113.68	1-404-400-09-27-01
2020/3/1	Meals			26.55		26.55	
2020/3/3	Hotel				357.52	357.52	

Attach original receipts for expenses claimed **TOTAL** **497.75**

Signature: _____

Authorized By (Name): _____

Authorized By (Signatur _____

OFFICE USE ONLY
Total GST:

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