Form 115-1

20.0501

Battle River School Division

EXPENSE CLAIM

Name: Imogene Walsh

Mailing Address:

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

Month/Year: Mar & Apr '20

School/Location: Division Office

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
2020/4/22	Sedgewick	172	99.76			99.76	1-404-400-00-02-01

Attach original receipts for expenses claimed

TOTAL **99.76**

Signature:

Authorized By (Name):

Authorized By (Signature):

OFFICE USE ONLY
Total GST: (1)

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

ENTERED MAY 11 2020