Form 115-1 200622

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skori

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

Month/Year: June 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,	Total	Account Code
2020/June/19	ATA Neg.	192	111.36			111.36	1-404-400-09-22.01
2020/June/22	"	192	111.36			111.36	ok

Attach original receipts for expenses claimed

TOTAL 222.72

Signature:

Authorized By (Name):

Authorized By (Signature

JUL 0 2 2020

OFFICE USE ONLY
Total GST:

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