Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Kendall Severson **Mailing Address:** [redacted]

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

Month/Year: July 2020

School/Location: P.O. **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
2020/7/6	Transportation Task	179	103.82			103.82	

Attach original receipts for expenses claimed

TOTAL 103.82 [redacted]

Signature: [redacted]

Authorized By (Name):

Authorized By (Signature):

OFFICE USE ONLY
Total GST:

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