Form	115-1

			e River So			2	
Name:	Dwight Wibb	en		Mailing	Address:	Bay 777,	Forsiby, Ab TOB MO
Month/Year:	June, 2002			_		n/a if direct dep	osit establishéd, aftach bank info to set-up
School/Location:	BRUD Board of -	Truste	೮	Studen	t Name:	for Transportat	ion claims (PUF / International Students)
IMPORTANT: Expense Claim Expenses subr	must be submitted to Division	on Office <u>「</u> be reim	WITHIN 1	rwo moi	NTHS from		
ORIGINAL EXI	PENSE CLAIMS are required	d for payı	ment. Cop	oies, inclu	iding forms	sent via fax	/email, will not be processed.
BUS DRIVERS	Do NOT claim field trip ex	xpenses	(claim on	the appl	icable "Trip	Report" fo	orm).
INTERNATION	AL STUDENT PROGRAM -	- claim m	ileage/par	king only;	reimburser	ment require	es original parkade receipt.
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
200/06/5-7	Accomadation - ASBA				353.56	353.56	16.22
2020/06/5-7	Milege - ASBA	330	191.40			191.40	
2020/06/15	School Tours - City of Canone	170	98.60			98.60	
200/06/20	School Tours - Flagslatt Clip	184	106.72			106.72	140440009190
2000/06/23	School Tays - Beare Chy	281	162.98			16298	
		96	ikm	@ O	.58	(26.	65)
							,
			·				
Attach original red	ceipts for expenses claimed				TOTAL	750 28	913.26
	Signature:					g	OFFICE USE ONLY Total GST: 4287
ä	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00

Authorized By (Signature):

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\$15.00

\$23.50

Lunch:

Dinner: