

## Form 115-1 **Battle River School Division EXPENSE CLAIM** Vovember 2022 Mailing Address: Name: n/a if direct deposit established; attach bank info to set-up Month/Year: Student Name: School/Location: 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. Other .58 x Date Description Kms Meals medical renewal, Total Account Code (YYYY Mon DD) Kms PUF set rate, parking, etc 366,00 22/11/20 366, 16.78 23,10 23,10 127,60 220 127,60

Attach original receipts for expenses claimed				TOTAL	5/6,7	¢		
Signature:						OFFICE USE ONLY Total GST: 23.96		
	Authorized By (Name):	,				MEAL ALLOWAI Breakfast: Lunch:	NCE \$11.00 \$15.00	
	Authorized By (Signature):					Dinner:	\$23.50	