Form 115-1 Battle River School Division 221215 **EXPENSE CLAIM** Name: Mailing Address: 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 medical renewal, PUF set rate, parking, etc Description Kms Meals Total Account Code (YYYY Mon DD) Kms 35.70 201400 0000-21.09

Attach original receipts for expenses claimedTOTAL					135,78		
					,•	^	OFFICE USE ONLY
	Signature:						Total GST:
		/					MEAL ALLOWANCE
	Authorized By (Name):						Breakfast: \$11.00
	Authorized By (Signature):						Lunch: \$15.00 Dinner: \$23.50