Form	115-1
	TTO-7

Battle River School Division EXPENSE CLAIM

			APENS	E CLAII	VI			
Name:	Karen Belich			Mailing	Address:		230130	
Month/Year:	January 2023			8		n/a if direct dep	osit established; attach bank info to set-up	
School/Location	ation: <u>Trustee</u>			Student	Student Name:			
						for Transportat	ion claims (PUF / International Students)	
	n must be submitted to Divis mitted after this date will NO			тwо мо	NTHS fron	n the end of	the month the claim is for.	
ORIGINAL EX	PENSE CLAIMS are require	ed for pay	ment. Co	opies, inc	luding form	s sent via fa	x/email, will not be processed.	
BUS DRIVERS	G Do NOT claim field trip e	expenses	(claim or	the app	licable "Tr	ip Report"	form).	
INTERNATION	IAL STUDENT PROGRAM	claim n	nileage/pa	arking onl		sement requ	ires original parkade receipt.	
Date (YYYY Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code	
2023/01/20	meeting	48	27.84			27.84		
2023/01/30	meeting	48	27.84			27.84		
Attach original re	ceipts for expenses claimed	l			TOTAL	55.68	58.56	
	Signature:						OFFICE USE ONLY Total GST:	
	Authorized By (Name):	,					MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00	
Authorized By (Signature): Dinner: \$23.50								