Mailing Address:

230227

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

Form 115-1

Karen Belich

Name:

Battle River School Division EXPENSE CLAIM

Month/Year:	February 2023						
School/Location:	: Trustee			Student Name:		for Transportation claims (PUF / International Students)	
ORIGINAL EXI	G Do NOT claim field trip e	I be reimed for payexpenses	nbursed. vment. Co (claim or	opies, incl	uding form	s sent via fa	x/email, will not be processed.
Date (YYYY Mon DD)	Description	Kms	58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc.	Total	Account Code
2023/2/7	Flagstaff county meeting	84	48.72		narking eic	48.72	1.304.400.000.48
2023/2/24	Equity in Action meeting	48	27.84			27.84	
2023/2/27	Zone 4 meeting	48	27.84			27.84	

Attach original receipts for expenses claimed					TOTAL	104.40	109.80
	Signature:		,			-	OFFICE USE ONLY Total GST:
	Authorized By (Name): Authorized By (Signature):					-	MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00 Dinner: \$23.50

Battle River School Division Forms Manual

Revised: July 1, 2019 Page 1 of 1