| Form | 115- | 1 |
|------|------|---|
|      | 110  | _ |

## Battle River School Division EXPENSE CLAIM

|                          |   | L/                           | APENS        | L CLAII          | VI   |               |                                       |
|--------------------------|---|------------------------------|--------------|------------------|--|---------------|---------------------------------------|
| Name:                    | Karen Belich  March 2023  |                              |              | Mailing Address: |  |               |                                       |
| Month/Year:              |   |                              |              | <u>.</u>         | n/a if direct deposit established; attach bank info to |               |                                       |
| School/Location: Trustee |   | Student Name: for Transports |              | for Transportati | ation claims (PUF / International Students)            |               |                                       |
| • C × V V V              | n must be submitted to Divis<br>mitted after this date will <u>NO</u> |                              |              | TWO MC           | <b>NTHS</b> 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 | ax/email, will not be processed.      |
| BUS DRIVERS              | G Do <b>NOT</b> claim field trip e                                    | expenses                     | (claim or    | n the app        | licable "Tr  | ip Report"    | form).                                |
| INTERNATION              | IAL STUDENT PROGRAM   | claim n                      | nileage/pa   | arking onl       | y; reimburs  | sement requ   | ires <b>original</b> parkade receipt. |
| Date<br>(YYYY Mon DD)    | Description   | Kms                          | .68 x<br>Kms | Meals            | Other medical renewal, PUF set rate, parking, etc.     | Total         | Account Code                          |
| 2023/03/7                | PD  | 48                           | 32.64        |                  |  | 32.64         |                                       |
| 2023/03/20               | Policy committee mtg.   | 48                           | 32.64        |                  |  | 32.64         |                                       |
| 0                        |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               |                                       |
| -                        |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               |                                       |
| 97                       |   |                              |              |                  |  | -             |                                       |
|                          |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               | 4                                     |
|                          |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               |                                       |
|                          |   |                              |              |                  |  |               |                                       |
| Attach original re       | ceipts for expenses claimed   | 1                            |              | 4                | TOTAL  | 65.28         |                                       |
|                          | Signature:  |                              |              |                  |  |               | OFFICE USE ONLY Total GST:            |
|                          | Authorized By (Name):   | 9                            |              |                  |  | _             | MEAL ALLOWANCE  Breakfast: \$11.00    |

Authorized By (Signature):

\$23.50

Dinner: