Form 115-1

Battle River School Division EXPENSE CLAIM

Name:	Karen Belich May 2023			Mailing Address: /// // // // // // // // // // // // /				
Month/Year:						n/a if direct deposit established; attach bank info to set-up		
School/Location								
					for Transportation claims (PUF / International Students)			
100	n must be submitted to Divisi mitted after this date will <u>NO</u>			TWO MO	NTHS fron	n the end of	the month the claim is for.	
ORIGINAL EX	PENSE CLAIMS are require	ed for pay	ment. Co	opies, incl	uding form	s sent via fa	x/email, will not be processed.	
BUS DRIVERS	Do NOT claim field trip e	xpenses	(claim oi	1 the app	licable "Tr	ip Report"	form).	
		27					ires original parkade receipt.	
Date (YYYY Mon DD)	Description	Kms	.68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc.	Total	Account Code	
2023/5/2	negotiating	48	32.64			32.64		
2023/5/3	negotiating	48	32.64			32.64		
May /5/17	meeting and CoSC	134	91.12			91.12		
	7							
Attach original receipts for expenses claimed					TOTAL	156,40		
	Signature:					-	OFFICE USE ONLY Total GST:	
	Authorized By (Name):						MEAL ALLOWANCE Breakfast: \$11.00 Lunch: \$15.00	

Authorized By (Signature):

\$23.50

Dinner: