Form 115-1							
			e River S				
Name:	Durght Dibl	ser		Mailing	Address:		
Month/Year:	Nay/23	χ			_	n/a if direct depo	isit established, attach bank info to set-up
School/Location: Board of Trustees				Student Name:		N/A	
Expenses subr	must be submitted to Division mitted after this date will NOT PENSE CLAIMS are required and the submitted of the control of the submitted of t	T be reim d for pay	bursed. ment. Cop	oies, inclu	iding forms :	the end of th	email, will not be processed.
	AL STUDENT PROGRAM-						
Date (YYYY Mon DD)	Description	Kms	.68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2673-11-19-21	ASBA Fall Cont. Accordition				551.84	551.84	
(1 4 (1 1)	Mileage-ABBA Fall Conf	364	239.36			239.36	
							,

				-			
			/			1	

Attach original receipts for expenses claimed

OFFICE USE ONLY
Total GST:

Authorized By (Name):

MEAL ALLOWANCE

Breakfast: \$11.00

Lunch:

\$15.00 \$23.50

Dinner:

Revised: Mar 1, 2023

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Battle River School Forms Manual