

**Form 115-1**

**Battle River School Division  
EXPENSE CLAIM**

**Name:** Karen Belich **Mailing Address:** \_\_\_\_\_  
*n/a if direct deposit established; attach bank info to set-up*

**Month/Year:** April 2024

**School/Location:** Trustee **Student Name:** \_\_\_\_\_  
*for Transportation claims (PUF / International Students)*

**IMPORTANT:**

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the claim is for. Expenses submitted after this date will **NOT** be reimbursed.

**ORIGINAL EXPENSE CLAIMS** are required for payment. Copies, including forms sent via fax/email, will not be processed.

**BUS DRIVERS** -- Do **NOT** claim field trip expenses (**claim on the applicable "Trip Report" form**).

**INTERNATIONAL STUDENT PROGRAM** -- claim mileage/parking only; reimbursement requires **original** parkade receipt.

Date (YYYY Mon DD)	Description	Kms	<del>.68 x</del> Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2024/04/04	Edwin Parr	249	169.32			169.32	1-304-400-0000-23-09-01
2024/4/8	Edwin Parr	84	57.12			57.12	
2024/4/10	Edwin Parr	124	84.32			84.32	
2024/4/15	Edwin Parr	342	232.56			232.56	
2024/4/16	Edwin Parr	326	221.68			221.68	
2024/4/22	Zone 4	342	232.56			232.56	
2024/4/29	Edwin Parr	394	267.92			267.92	
		1861 kms					

Attach original receipts for expenses claimed

**TOTAL** 1,265.48 1302.75

**Signature:** \_\_\_\_\_

**Authorized By (Name):** \_\_\_\_\_

**Authorized By (Signature):** \_\_\_\_\_

OFFICE USE ONLY  
**Total GST:** \_\_\_\_\_

MEAL ALLOWANCE  
 Breakfast: \$11.00  
 Lunch: \$15.00  
 Dinner: \$23.50