Form 115-1

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Battle River School Division EXPENSE CLAIM

Name:	Karen Belich	Mailing Address:			
Month/Year:	November 2024		n/a if direct deposit established; attach bank info to set-up		
School/Locatio		Student Name:			
Conconcount	110000		for Transportation claims (PUF / International Students)		

IMPORTANT:

Expense Claim must be submitted to Division Office <u>WITHIN TWO MONTHS</u> from the end of the month the claim is for. Expenses submitted after this date will <u>NOT</u> 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	.70 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2024/11/17	RCASB and ASBA FGM	160	112.00			112.00	
2024/11/21	Audit meeting	48	33.60			33.60	
2024/11/19	ASBA FGM				hotel & parking	896.10	
Attach original receipts for expenses claimed					TOTAL	1,041.70	
J	······································					٨	OFFICE USE ONLY
	Signature:						Total GST:
	L						MEAL ALLOWANCE
	Authorized By (Name):					Breakfast: \$11.00 Lunch: \$15.00	
	Authorized By (Signature):						Dinner: \$23.50

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