

Form 115-1

Battle River School Division
EXPENSE CLAIM

Name: Zsuzsanna Hemperger Mailing Address: 201001
Month/Year: September / 2020
School/Location: Student Name:
for Transportation claims (PUF / International

IMPORTANT:

Expense Claim must be submitted to Division Office WITHIN TWO MONTHS from the end of the month the cla
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 b

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 par

Table with 8 columns: Date (YYYY Mon DD), Description, Kms, .58 x Kms, Meals, Other (medical renewal, PUF set rate, parking, etc), Total, Account Code. Row 1: 2020 Sept 17, ASBA special medicine, 413x2, 826x0.58, 47.9, 1.404.400.09.26.01

Attach original receipts for expenses claimed

TOTAL 47.9

Signature:
Authorized By (Name):
Authorized By (Signature):

OFFICE USE ONLY
Total GST:
MEAL ALLOWANCE
Breakfast: \$11.00
Lunch: \$15.00
Dinner: \$23.50

