Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Imogene Walsh **Mailing Address:** 20023

n/a if direct deposit established; attach bank info to set-up

Month/Year: October, 2020

School/Location: Division Office **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	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	**Total**	Account Code
2020/Oct/23	Killam, CHSPS, AJS,	286	165.88			165.88	1-404-400-00-02-01
	Viking, Holden						

Attach original receipts for expenses claimed **TOTAL** 165.88

Signature: [redacted]

Authorized By (Name):

Authorized By (Signature):

OFFICE USE ONLY
Total GST:

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