Form 115-1							
			e River So		7.77		
Name:	ZSUZSanna Hemperger Mailing Address: November 2020						
Month/Year:	ar: November 2020					n/a if direct depo	osit established; attach bank info to set-up
School/Location:				Student Name:			
	must be submitted to Divis nitted after this date will <u>NO</u>			rwo moi	NTHS from		ne month the claim is for.
ORIGINAL EX	PENSE CLAIMS are require	ed for pay	ment. Cop	oies, inclu	ding forms	sent via fax	/email, will not be processed.
BUS DRIVERS	Do NOT claim field trip e	expenses	(claim on	the appli	icable "Trip	Report" fo	orm).
INTERNATION	AL STUDENT PROGRAM	claim m	nileage/par	king only:	reimburser	ment require	es 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 Lou 16	ASBA Fall AGM	41,312	82,6*0,58			47,90	1.404.400.09.26.01
2020 Nov 17	ASBA Fall AGM	41,3×2	82,600,50			47,90	
		-					
		 					
		-					
		 					
		1					
	11						
		-					
		-					
		-					
Attach original receipts for expenses claimed TOTAL						95,80	
	Signature:					^	OFFICE USE ONLY Total GST:

Authorized By (Name):

MEAL ALLOWANCE

Lunch:

Breakfast: \$11.00

\$15.00