

Form 115-1

**Battle River School Division
EXPENSE CLAIM**

Name: Karen Belich Mailing Address: 221129
n/a if direct deposit established; attach bank info to set-up

Month/Year: November 2022

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 | .58 x Kms | Meals | Other medical renewal, PUF set rate, parking, etc | Total | Account Code |
|-----------------------|---------------------------------|---------------|------------------|-------|---|------------------|--------------|
| 2022/11/20 | meal | | | 18.90 | | 18.90 | 0.90 |
| 2022/11/22 | accommodation | | | | 366.00 | 366.00 | 16.78 |
| 2022/11/16 | meetings | 48 | 27.84 | | | 27.84 | 2.65 |
| 2022/11/24 | community engagement | 48 | 27.84 | | | 27.84 | |
| 2022/11/29 | meeting | 48 | 27.84 | | | 27.84 | |
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Attach original receipts for expenses claimed

TOTAL 440.58
~~468.42~~

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____

OFFICE USE ONLY

Total GST: 20.33

MEAL ALLOWANCE

Breakfast: \$11.00

Lunch: \$15.00

Dinner: \$23.50