

Form 115-1

Battle River School Division
EXPENSE CLAIM

Name: Karen Belich Mailing Address: _____
 Month/Year: March 2024 n/a if direct deposit established; attach bank info to set-up
 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	^{.70} .68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2024/03/03	RCASB mtg	194	131.92			131.92	

Attach original receipts for expenses claimed

TOTAL 131.92 (135.80)

Signature: [Redacted]

Authorized By (Name): _____

Authorized By (Signature): _____

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