

Form 115-1

Battle River School Division
EXPENSE CLAIM

Name: Karen Belich Mailing Address:
Month/Year: October 2024
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.

Table with columns: Date (YYYY Mon DD), Description, Kms, .70 x Kms, Meals, Other (medical renewal, PUF set rate, parking, etc), Total, Account Code. Rows include Zone 4 mtg. and Community Engagement.

Attach original receipts for expenses claimed TOTAL 263.20

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

OFFICE USE ONLY
Total GST:

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