

Form 115-1

**Battle River School Division
EXPENSE CLAIM**

Name: Karen Belich Mailing Address: _____
 Month/Year: September 2024
 School/Location: Trustee Student Name: _____
n/a if direct deposit established; attach bank info to set-up
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	^{1.70} 68 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2024/09/04	CEC meeting	48	32.64			32.64	
2024/9/23	Zone 4 meeting	48	32.64			32.64	
						67.28	

Attach original receipts for expenses claimed

TOTAL **65.28**

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

OFFICE USE ONLY
Total GST: _____

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