Form 115-1

Battle River School Division

EXPENSE CLAIM

Name: Lyle Albrecht

Month/Year: Oct / 24

School/Location: Board

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

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 receip*

Date (YYYY, Mon DD)	Description	Kms	~~.68~~ .72 x Kms	Meals	Other (medical renewal, PUF set rate, parking, etc)	Total	Account Code
24/10/30	CUPE Negotiations	160				112.00	

al receipts for expenses claimed [redacted]

TOTAL 112.00

[redacted]

Signature: _____

Authorized By (Name): _____

Authorized By (Signature): _____

OFFICE USE
Total GST:

MEAL ALLO
Breakf
Lunch
Dinne

Division