

Form 115-1

181106

Battle River School Division
EXPENSE CLAIM

Name: Shan Jorgenson - Adam

Mailing Address: _____

n/a if direct deposit established; attach bank info to set

Month/Year: Oct/Nov 2018

School/Location: Div Office

Student Name: _____

for Transportation claims (PUF / International)

IMPORTANT:

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the cla 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 b

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 par**

Date (YYYY Month DD)	Description	Kms	54 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
Oct. 19 / 18	School Visit Forestburg	180	97.20			97.20	1-384.300-00-12-50
Nov. 2 / 18	School Visit NN	28	15.12			15.12	" "
Nov. 2 / 18	School Visit Hay Lakes	66	35.64			35.64	" "
Nov. 6 / 18	School Visit CW Sears	112	60.48			60.48	" "
							1.36 200.00 07.50
							156.33
							1.40 4.400.00 01
							52.11

PAID
NOV 26 2018

POSTER
NOV 14 2018

386

Attach original receipts for expenses claimed

TOTAL 208.44 (P)

OFFICE USE ONLY

Total GST: _____

MEAL ALLOWANCE

Breakfast: \$9.00

Lunch: \$11.50

Dinner: \$18.00

Be

Revised Mar

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18/11/01

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