

180901
180821

Form 115-1

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: August / 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
18/Aug. 14-17	^{Kananastiquish} Cass Summer Conf	750	405		19.29	405.00	1.316.300.00.07-50 18042
19/Aug 20+21	Division Planning ^{Piperak}	170.6	92		4.38	92.00	7.46 4.400.00.0001
							1,124.28
							1.384.300.00.10.50
							186.42
		920.60				497.12 (li)	
						497.00	

POSTED
AUG 30 2018

Att:

TOTAL 497.00

OFFICE USE ONLY	
Total GST:	23.67
PAID	
MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00
 SEP 17 2018 	
Revised Mar	

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