170201

Battle River School Division
EXPENSE CLAIM FORM

Name: Shan Jorgenson-Adam

Mailing Address:

n/a if direct deposit established: attach banking info to set-up

Month/Year: January

School/Location: Division Office

PUF Student Name:

required for PUF Transportation claims

IMPORTANT: Expense Claims must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month that your claim is for. Expenses submitted after this date will **NOT** be reimbursed.

BUS DRIVERS: Do **NOT** claim field trip expenses (**claim on the applicable "Trip Report" form**)

Date	Description	KMS	.54 x KMS	Meals	Other ie. Medical Renewal, PUF Set Rate, etc	**Total**	Account Code
Jan 17/17	RCSD - Edmonton	200	108.00			108.00	1.404.400.00.00.01
Jan 18/17	Round Hill Principal Eval	58	31.00			~~31.00~~ 31.32	↓ 65.07
Jan 23/17	Tofield VP Evaluation	112	60.00			~~60.00~~ 60.48	
Jan 27/17	Tofield Teacher Interviews	112	60.00			~~60.00~~ 60.48	
			-			-	1.310.300.00.07.50
			-			-	195.21
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			-			-	
		482	-		$	~~260.28~~	

Attach original receipts for expenses claimed

TOTAL ~~$ 259.00~~

POSTED FEB 0 9 2017

PAID FEB 13 2017

OFFICE USE ONLY

Total GST: 12.39

Signatur

Supervis

MEAL ALLOWANCE

Breakfast:	$9.00
Lunch:	$11.50
Dinner:	$18.00