Form 115-1

170301

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: February

School/Location: Div Office.

PUF Student Name: _____ required for PUF Transportation claims

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**).

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2017/02/02	DORA DATA Sedgewick	172	~~93.00~~ 92.88			~~93.00~~ 92.88	$308.61 1.310.300.00.07.50
2017/02/06	Forestburg DORA	180	~~97.00~~ 97.20			~~97.00~~ 97.20	1.404.400.00.00.01
2017/02/15	School Visits Sedgewick	172	~~93.00~~ 92.88			~~93.00~~ 92.88	102.87
2017/02/15	School Visits Forestburg	180	~~97.00~~ 97.20			~~97.00~~ 97.20	
2017/02/24	Round Hill Matt Eval	58	~~31.00~~ 31.32			~~31.00~~ 31.32	
2017/02/26	Edmonton pick up Charlie C.	200	108.00			108.00	1-384-300-00-71-50
		962 Km.				519.48	MH

Attach original receipts for expenses claimed

TOTAL $519.00

POSTED MAR 03 2017

PAID MAR 13 2017

OFFICE USE ONLY

Total GST: 24.74

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00

Battle River Schoo
Forms Manual

Mar
Pa