Form 115-1 170401

Battle River School Division

EXPENSE CLAIM

Name: Shan Jorgenson-Adam Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: March 2017

School/Location: Division 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 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**).

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
			92.34			92.34	
Mar 2-3/17	Div Leadership Planning Pigeon Lake	171	~~92.00~~		4.40	~~92.00~~	1.310.300.00.07.50 259.60
Mar 7-10/17	CASS Conf Edmonton	200	108.00		5.14	108.00	1.204.400.00.00.0 | 8654
" 7 "	Supper			18.00	0.86	18.00	
" 8 "	Supper			18.00	0.86	18.00	
" 9 "	Supper			18.00	0.86	18.00	
Mar 16/17	Tofield School Visit	112	~~60.48~~ ~~60.00~~	..	2.88	~~60.48~~ ~~60.00~~	
Mar. 22/17	Round Hill School Visit	58	~~31.32~~ ~~31.00~~		1.49	~~31.32~~ ~~31.00~~	
		541 ✓			9	346.14	

PAID APR 17 2017

POSTED MAR 28 2017

Attach original receipts for expenses claimed TOTAL ~~$345.00~~ MW

OFFICE USE ONLY
Total GST: 16.49

Signat

Super

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

RECEIVED
MAR 2 2 2017