Form 115-1

17072

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: June

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 06 28	Supplies for RU				148.18	148.18	1-311-341-00-00-55

POSTED
JUL 04 2017

PAID
JUL 17 2017

Attach original receipts for expenses claimed

TOTAL 148.18

OFFICE USE ONLY
Total GST: 7.06

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