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-up

Month/Year: July 2017

School/Location: **PUF Student Name:**

required for PUF Transportation claims

IMPORTANT:

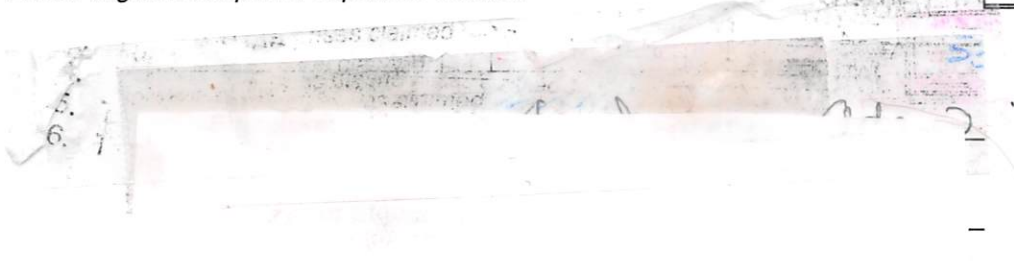
Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the claim is for. Expenses submitted after this date will **NOT** be reimbursed.

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
2017/7/7	**ITALIAN TOMATO RESTAUR**			66.41		66.41	1-384-300-00-41-50
2017/6/7	**EDMONTON AIRPORT Foods**				42.78	42.78	1-384-300-00-41-50
2017/7/8	**PIER 73**			45.29		45.29	1-384-300-00-41-50
2017/7/9	Pacfic Gateway Hotels - Accom				1281.56	1,281.56	1-384-300-00-41-50
2017/7/9	**YVR MONKS - FAST-FOOD RESTAURANT**			45.20		45.20	1-384-300-00-41-50
2017/7/9	Air Canada				26.25	26.25	1-384-300-00-41-50
2017/7/9	**EDMONTO*3CINTEGRA PARK**				60.00	60.00	1-384-300-00-41-50

Attach original receipts for expenses claimed **TOTAL** **1,567.49**



OFFICE USE ONLY

Total GST:

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

Battle River
Forms Manu

Mar 2016

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on Portal