Form 115-1

Brazil Recruitment Mission

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: September/October

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
2017/09/20	Return flight						
	YEG to Sao Paulo				2728.29	2728.29	
2017/09/25	4 nights hotel-Sao Paulo				525.76	525.76	
2017/09/25	Flight Sao Paulo to Porto Alegre				96.00	96.00	
2017/09/27	2 nights hotel Porto Alegre				203.32	203.32	
2017/09/27	Flight Porto Alegre to Rio de Janeiro				109.00	109.00	
2017/09/29	Flight Rio to Brasilia				75.00	75.00	
2017/10/01	Flight Brasilia to Sao Paulo				136.25	136.25	
2017/09/22	Supper at Venue			32.50		32.50	
2017/09/20	Supper at airport			16.71		16.71	
							International Program Budget - Travel
							1-304-700-00-00-51

Attach original receipts for expenses claimed **TOTAL** 3922.83

OFFICE USE ONLY
Total GST:

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

POSTED
OCT 13 2017
on portal