Form 115-1 18020 1

Battle River School Division

EXPENSE CLAIM

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

Month/Year: Jan /2018

School/Location: Division Office PUF Student Name: N/A
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
2018/01/18	Superintendency Planning Pigeon LK	198	106.92			106.92	1.310.300.00.07.50 1595
2018/01/23	Daysland Mtgw/ Randy	84	45.36			45.36	1.404.400.00.00.0 \ 53.19
2018/01/24	Tofield Logos Mtg.	112	60.48			60.48	
		394					

POSTED FEB 0 2 2018

PAID FEB 1 2 2018

Attach original receipts for expenses claimed TOTAL 212.76

OFFICE USE ONLY

Total GST:

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

N
Pa

2.67b10a510... 12/12/2017