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	
Month/Year:	June 2018			-		rva ii direct depo	sit established, attach bank inio to see
School/Location:	Division Office			Student N	Student Name:		Library Court (International
Expenses sub	n must be submitted to Divi mitted after this date will <u>N</u>	OT be re	eimbursed	i.		from the e	
ORIGINAL EXPENSE CLAIMS are required for payment. Copies, including forms sent via fax/email, will not be							
BUS DRIVERS Do NOT claim field trip expenses (claim on the applicable "Trip Report" form). INTERNATIONAL STUDENT PROGRAM claim mileage/parking only; reimbursement requires original par							
Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2018/June 10	Dinner			19%		18.00	1-304-300-09-06-50
n " 11	Dinner			18°2×		18.00	11 11
11 12	Dinner			18%		18,00	n u
" "10-12	Mileage Migs a Wof C Research Project.	575		310 ×		310,50	11 11
	POSTED						
	JUN 2 6 2018						
L	The same of the sa						
	ceipts for expenses claimed				TOTAL	364.50	OFFICE USE ONLY Total GST: MEAL-ALLOWANCE Breakfast: \$9.00 Lunch: \$11.50 Dinner: \$18.00
Battle River Scl						1.	Revised Mar

Revised Mar

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JUN 2 0 2018