

180703

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: July 2018

School/Location: Div Office Student Name: _____
for Transportation claims (PUF / International)

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).

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
2018/07/03	RU Delivery to Killam Campus	146	78.84			78.84	1 31 341 00 00 55
						78.84	(i)

Attach origin

PAID
JUL 16 2018

POSTED
JUL 09 2018

OFFICE USE ONLY

Total GST: _____

MEAL ALLOWANCE

Breakfast: \$9.00
 Lunch: \$11.50
 Dinner: \$18.00