Form 115-1 19891b

Battle River School Division

EXPENSE CLAIM

Name: Shan Jorgenson - Adam **Mailing Address:**

n/a if direct deposit established; attach bank info to s

Month/Year: September

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 Mon DD)	Description	Kms	.58 x Kms	Meals	Other medical renewal, PUF set rate, parking, etc	Total	Account Code
2019/09/16	Jerry Johns Bashaw	120	69.60			69.60	1-384-300-02-44-50
2019/09/16	Jerry Johns Hay Lakes	66	38.28			38.28	1-384-300-02-44-50
		186					
						107.88	

Attach original receipts for expens

Signature:

Authorized By (

Authorized By (

OFFICE USE ONLY
Total GST: (1)

MEAL ALLOWANCE

Breakfast:	$11.00
Lunch:	$15.00
Dinner:	$23.50

POSTED
OCT 03 2019

Battle River School Division Revised: July