

Form 115-1

190816

Battle River School Division
EXPENSE CLAIM

Name: Shan Jorgenson-Adam Mailing Address: _____
 Month/Year: Aug 2019 n/a if direct deposit established; attach bank info to s
 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
2019/08/13	CASS SUMMER CONF KANASKIS	365	211.70			211.70	25% 1-404-400-00-0061
2019/08/16	" "	365	211.70			211.70	75% 1-310-300-00-07-50
		730					317.55

Attach original receipts for expenses 423.40

Signature: _____
 Authorized By (_____
 Authorized By (_____

OFFICE USE ONLY
 Total GST: ()
 MEAL ALLOWANCE
 Breakfast: \$11.00
 Lunch: \$15.00
 Dinner: \$23.50

Battle River School Division

Revised: July

SEP 03 2019
https://wac.brsd.ab.ca/x/_lay

RECEIVED

AUG 27 2019