

Form 115-1

191022

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: October  
 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
Oct. 7/19	School Visit Alan Johnston	234	135.72			135.72	1-310-300-00-0750
Oct. 8/19	School Visit Forestburg	180	104.40			104.40	u
Oct 9/19	School Visit Viking	160	92.80			92.80	u
Oct 22/19	PA - CWsears Tofield.	112	64.96			64.96	u
		<del>156</del>					

Attach original receipts for expenses

397.88

POSTED  
NOV 03 2019  
OFFICE USE ONLY  
Total GST: (1)

Signature: \_\_\_\_\_  
 Authorized By ( \_\_\_\_\_ )  
 Authorized By ( \_\_\_\_\_ )



MEAL ALLOWANCE

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