

local

Battle River School Division
EXPENSE CLAIM

Name: Brett Huculoh Mailing Address: _____
 Month/Year: September - 2018 n/a if direct deposit established; attach bank info to set-up
 School/Location: Division office PUF Student Name: _____
 required for PUF Transportation claims

IMPORTANT:

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the claim is for. 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 be processed.

BUS DRIVERS -- Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

Date (YYYY Month DD)	Description	Kms	.48 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2018/09/14	Meeting at Bowf School	58	27.84			27.84	14044600000001
2018/09/06	Meeting at Bowf School	58	27.84			27.84	
2018/09/12	Meeting with ATA in Edmonton regarding grievance	200	96.00			96.00	
2018/09/20	TEBA Meeting Edmonton	160	76.80			76.80	
2018/09/21	Recruitment U of A Edmonton	160	76.80			76.80	
		636					

Attach original receipts for expenses claimed

305.28

OFFICE USE ONLY
Total GST:

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

PAID
OCT 15 2018