

181101

Battle River School Division
EXPENSE CLAIM

Name: Brett Macculloch Mailing Address: _____
 Month/Year: October 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
2018/10/16	Meetings in Daystand	84	40.32			40.32	1-404-400-00-01 171.84
2018/10/18	Interviews at Allen Johnstone	234	112.32			112.32	↓
2018/10/24	Holden Interviews	40	19.20			19.20	
2018/10/25	Coffee for Principal Academy			1.89	39.67	39.67	
		358					
						TOTAL	211.51

Attach original receipts for expenses claimed

OFFICE USE ONLY
Total GST: 10.07

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

POS
NOV 0

PAID
NOV 12 2018