

1811301

Battle River School Division
EXPENSE CLAIM

Name: Brett Huaculok Mailing Address: _____
 Month/Year: November 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
2018/11/01	Meeting with Bawlf Principal	58	27.84			27.84	1-404-400-00-00-01
2018/11/14	ATA Meeting Days lead	84	40.32			40.32	"
2018/11/14	Interviews Days lead	84	40.32			40.32	"
2018/11/27	Aspiring leaders Red Deer	294	141.12			141.12	"
2018/11/30	christmas basket Deliveries	50	24.00			24.00	"
2018/11/30	Bawlf Meeting / P.P.	58	27.84			27.84	"
		628					

TOTAL 301.44 (3)

Attach original receipts for expenses claimed

OFFICE USE ONLY
Total GST:

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

DEC 10 2018

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