

180924

Battle River School Division
EXPENSE CLAIM

Name: Rita Marler Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: September 2018

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 <small>(YYYY Month DD)</small>	Description	Kms	48 x ⁵⁴ Kms	Meals	Other <small>medical renewal, PUF set rate, etc</small>	Total	Account Code
2018/9/20	Edmonton	200	96.00			96.00	1-404-400-00-01-01
2018/9/24	Edmonton	200	96.00			96.00	1-404-400-00-01-01
POSTED OCT 09 2018		400				216.00	

Attach original receipts for _____ TOTAL 192.00

OFFICE USE ONLY
Total GST:

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

PAID
OCT 15 2018