Form 115-1 171201

Battle River School Division

EXPENSE CLAIM

Name: Jeff Kimball **Mailing Address:**

n/a if direct deposit established; attach bank info to set-up

Month/Year: Nov. 2017

School/Location: **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	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
~~2017/11/16~~	~~Meeting~~	~~180.00~~	~~97.20~~			97.20	
2017/11/19	ASBA - Edmonton			29.58	Hotel Room	676.53	1.404.400.09.2801
2017/11/22	Meetings	360.00	194.40	9.26		194.40	
~~2017/11/27~~	~~Meeting~~	~~180~~	~~97.20~~			~~97.20~~	

POSTED DEC 11 2017

PAID DEC 18 2017

Attach original receipts for expenses claimed