Form 115-1 180301

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: Feb. 2018

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.

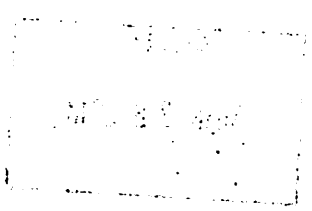
BUS DRIVERS -- Do **NOT** claim field trip expenses (**claim on the applicable "Trip Report" form**).

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2018/02/05	PD DAY	180	97.20			97.20	1.404.400.09280
~~2018/02/27~~	~~CCA Meeting~~	~~219~~	~~118.26~~				

PAID
MAR 2 6 2018

Attach original receipts for expenses claimed TOTAL 97.20

BOS MAR 12 2018

OFFICE USE ONLY
Total GST:

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