

180201

Battle River School Division
EXPENSE CLAIM

Name: Jeff KIMBALL Mailing Address: _____
 Month/Year: JANUARY 2018 n/a if direct deposit established; attach bank info to set-up
 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 |
|-------------------------|--------------------------|----------------|------------------|-------|--|------------------|-----------------|
| 2018/01/17 | Board PLANing | 180 | 97.20 | | | 97.20 | 1.40446009.2801 |
| 2018/01/26 | Board Meeting | 180 | 97.20 | | | 97.20 | |
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| | | | | TOTAL | | 97.20 | |
| | | | | | | TOTAL | 194.40 |

PAID
FEB 12 2018

POSTED
FEB 06 2018

Attach original receipts for expenses claimed

| | |
|-----------------|---------|
| OFFICE USE ONLY | |
| Total GST: | |
| MEAL ALLOWANCE | |
| Breakfast: | \$9.00 |
| Lunch: | \$11.50 |
| Dinner: | \$18.00 |

~~CONFIDENTIAL~~

CONFIDENTIAL

RECEIVED
FEB 02 2018
Battelle River Environmental Division No. 81

RECEIVED
FEB 05 2018