

Battle River School Division
EXPENSE CLAIM

180401

Name: Jeff Kimball Mailing Address: _____
Month/Year: MARCH 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
2018/03/26	ASBA Meeting	180	97.20			97.20	1.404.400.09.28-01

PAID
APR 16 2018

Attach original receipts for expenses claimed

TOTAL 97.20

OFFICE USE ONLY
Total GST: 4.63

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

