

171201

Battle River School Division
EXPENSE CLAIM

Name: Kendall Severson Mailing Address: _____
 Month/Year: Nov / 17 n/a if direct deposit established; attach bank info to set-up
 School/Location: D.O. 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
2017/11/1	CAYVAN Mtg	74	39.96			39.96	
2017/11/7	CCA Mtg	74	39.96	1.90		39.96	1.404.400.09.06.01 907.52
2017/11/19	FGM	280	151.20	7.20	29.58	676.53	827.73 ↓ 1.404.400.06.01 2384
							28.01 2385
							26.01 2385
2017/11/21	Supper for Trustees			143.09	5.93	143.09	25.01 2385
2017/11/22	FGM parking				76.60	16.00	27.01 2385
							24.01 2385
PAID							
DEC 18 2017							
						TOTAL	1066.74 1026.78

Attach original receipts for expenses claimed.

OFFICE USE ONLY
Total GST: 45.37

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

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PAID
DEC 1 1950

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