Form 115-1

180905

Battle River School Division

EXPENSE CLAIM

Name: Kendall Severson

Month/Year: Sept. 2018

School/Location: D.O.

Mailing Address: Div. Office
n/a if direct deposit established; attach bank info to set-up

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
2018/9/5	CARE MTG	72	38.88			38.88	1.404.400.09.06 d

POSTED
OCT 0 5 2018

PAID
OCT 1 5 2018

At ... receipts for expenses claimed ... TOTAL 38.88

OFFICE USE ONLY
Total GST:

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