

Battle River School Division
EXPENSE CLAIM

Name: Laurie Skori Mailing Address: _____
 Month/Year: Aug / 17 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
2017/08/24	CCA Committee	192	103.68			103.68	1.404.400.09.22.01
2017/08/29	meeting - Ed. Min.	382	206.28			206.28	

SEP 06 2017

309.96

OFFICE USE ONLY
Total GST:

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

PAID

SEP 18 2017

March 2016
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