Form 115-1

+71211

Battle River School Division

EXPENSE CLAIM

Name: Kyle Albright

Month/Year: Dec / 17

Mailing Address:

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
2017/12/11	Mileage to Kingman Curriculum permit mail	115	62.10			62.10	1.404.400.09.24.0

POSTED DEC 20 2017

PAID DEC 27 2017

Attach original receipts for expenses claimed

TOTAL 62.10

OFFICE USE ONLY

Total GST:

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