

180301

Battle River School Division
EXPENSE CLAIM

Name: Lyle Albrecht Mailing Address: _____
 Month/Year: Feb 18 n/a if direct deposit established; attach bank info to set-up
 School/Location: Board 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 <small>medical renewal, PUF set rate, etc</small>	Total	Account Code
02/08	Workshop-Wellwood	160	86.40			86.40	1.404.400.09.2401
02/08	Board Collaboration	160	86.40			86.40	
02/13	Elk Island Catholic	190	102.60			102.60	
02/27	Cornerstone Public Meet	130	70.20			70.20	

Attach original receipts for expenses claimed **TOTAL 189.**

COPIED
MAR 09 2018

OFFICE USE ONLY	
Total GST:	
MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00