Form 115-1

180601

Battle River School Division

EXPENSE CLAIM

Name: Lyle Albrecht

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

Month/Year: May /18

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 medical renewal, PUF set rate, etc	Total	Account Code
2018/05/24	Board supper &			47.20		47.20	~~1.404.400.20.00.01~~
	MLA Wes Taylor						
							1.310.400.00.20.01

POSTED JUN 08 2018

PAID JUN 25 2018

Attach original receipts for expenses claimed

TOTAL 47.20

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00

Battle River School Division

Name: _____ Mailing Address: _____

Month/Year: _____

Pay Station Name: _____

Please Claim on: Submitted to Division Office: Yes/No? NO ADVANCES from one month to the next. Late claims will be paid only if approved by Supervisor.

Employee submitted claim this claim with NOT be processed.

ORIGINAL SUPPORTING DOCUMENTS must accompany claims including forms such as Authorized Advance or Overpayment.

PLUS TAX SLIPS - Contract Claim (CC) forms must be submitted on the applicable "Trip Log or" form)

Date	Description	Meals	Other	Total