

Battle River School Division  
**EXPENSE CLAIM**

180401

Name: Lyke Albrecht Mailing Address: \_\_\_\_\_  
 Month/Year: March / 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
2018/03/05	Audit Committee	160	86.40			86.40	1-404-400-09-24-01
18/03/26	ASBA Zone 4	160	86.40			86.40	

PAID  
 APR 16 2018

Attach original receipts for expenses claimed. **TOTAL: 172.80 (i)**

POSTED

OFFICE USE ONLY  
 Total GST: 8.23

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

10/11/11

10/11/11

PAID  
APR 18 2011

POSTED  
APR 18 2011

10/11/11