

180619

Battle River School Division
EXPENSE CLAIM

Name: Lyke Albrecht Mailing Address: _____
 Month/Year: June / 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 medical renewal, PUF set rate, etc	Total	Account Code
2018/06/05	Mitigo to Spring General Meeting	438	236.52		11.26	236.52	1.404.400.09.24.01
2018/06/13	Audit Committee	160	86.40		4.11	86.40	1
2018/06/19	Bus Driver Negotiations	160	86.40		4.11	86.40	
2018/06/05	Sheraton RED Door Spring ASBA				8.03	175.04	

Attach original receipts to expenses claimed

4.36

OFFICE USE ONLY
Total GST: 27.51

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

POSTED
Battle River Schc
Forms Manual

PAID
March 2016
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