Form 115-1

10/2016

Battle River School Division

EXPENSE CLAIM

Name: Lyle Albrecht

Month/Year: October / 18

School/Location: Board.

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

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
2018/10/11	Camrose School Tours	~~182~~ 22	~~98.28~~ 11.88			~~98.28~~ 11.88	1.404.400.09.24.21
10/16	Beaver County Schools	202	109.08			109.08	

POSTED OCT 30 2018

Atta

TOTAL ~~217.36~~ 120.96

OFFICE USE ONLY

Total GST:

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

PAID NOV 12 2018