

171211

Battle River School Division
EXPENSE CLAIM

Name: Norm Erickson Mailing Address: _____
 n/a if direct deposit established; attach bank info to set-up
 Month/Year: Dec 2017
 School/Location: Trustee 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
Dec 7.	Gift Delivery	26.				14.04	1.404.400-09-20-01
Dec 11	Kingman Meeting	56.				30.24	1.404.400-09-10-01

PAID
DEC 27 2017

POSTED
DEC 20 2017

TOTAL 44.28

4.
5.
6.
7.

Attach original receipts for expenses claimed

OFFICE USE ONLY
Total GST:

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