

**Battle River School Division  
EXPENSE CLAIM**

Name: Norm ERICKSON Mailing Address: \_\_\_\_\_  
Month/Year: 2018 \_\_\_\_\_ n/a if direct deposit established, attach bank info to set-up  
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 <small>medical renewal, PUF set rate, etc</small>	Total	Account Code
Jan 9	Edm Santa Maria Goretti Gautier	194				104.76	1-464-400-6910-01

POSTED  
FEB 06 2018

PAID  
FEB 12 2018

Attach original receipts for expenses claimed

TOTAL 104.76

OFFICE USE ONLY  
Total GST:

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

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FEB 0 6 2018

RECEIVED

FEB 05 2018