

Battle River School Division  
EXPENSE CLAIM

Name: NORM ERICKSON Mailing Address: \_\_\_\_\_  
Month/Year: Sept 2018 n/a if direct deposit established, attach bank info to set-up  
School/Location: \_\_\_\_\_ 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 Sept 20	TEBA (Edm)	222 200	.54			119.88 108.-	<del>1,464,400.09.18.21</del>

POSTED  
OCT 04 2018

PAID  
OCT 15 2018

Attach

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OFFICE USE ONLY
Total GST:
MEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00