

171101

Battle River School Division
EXPENSE CLAIM

Name: NORM ERICKSON Mailing Address: _____
Month/Year: Oct 2017 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 medical renewal, PUF set rate, etc	Total	Account Code
17/10/15	Tofield Awards	110				59.40	1.404.400.09.18-01
17/10/19	Hay Lakes Awards	.70				37.80	

POSTED
NOV 03 2017

TOTAL 97.20

4. Attach original receipts for expenses claimed
5.
6.

PAID

OFFICE USE ONLY

Total GST: 10.14

MEAL ALLOWANCE

Breakfast: \$9.00

Lunch: \$11.50

Dinner: \$18.00