. orm 115-1 180604

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: June / 2018.

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
~~18/05/25~~	~~Bawlf Grad.~~	~~56~~	~~30.24~~			~~30.24~~	
3-5	Red Deer ASBA	298	160.92		7.66	160.92	1.404.400.09.18.01
4	Red Deer			24.61	1.02	24.61	
June 3.4	Red Deer ASBA	(Room)			16.06	350.08	

TOTAL ~~565.61~~ 535.61

OFFICE USE ONLY

Total GST: 24.74

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00

PAID JUL 16 2018