Form 115-1 180604

Battle River School Division

EXPENSE CLAIM

Name: Valerie Sims **Mailing Address:** _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: June 2018

School/Location: School Board **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
2018/06/04	ASBA hotel					252.10	1.404.400.09.25.01

Attach original r... claimed **TOTAL** 252.10

OFFICE USE ONLY
Total GST: 11.56

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

PAID JUL 18 2018

POSTED JUN 29 2018