

**Battle River School Division
EXPENSE CLAIM**

180401

Name: Valerie Sims Mailing Address: 4305-63st Camrose
 Month/Year: March 2018 n/a if direct deposit established; attach bank info to set-up
 School/Location: Board PUF Student Name: _____ 140223
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
2018/03/4	rural supper symposium			12.59	.60	12.59	} PO - Ind 1.382.400.09.25.01
2018/03/5	supper			19.93	-86	18.00	
2018/03/15	hotel			12.90	281.22	281.22	

PAID
APR 16 2018

Attach original receipts for expenses claimed

TOTAL ~~313.74~~ 311.81

FOOTED
APR 09 2018

OFFICE USE ONLY
Total GST: 14.36

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

1970

1970
1971
1972

APR 18 2018

APR 18 2018