

180301

Battle River School Division
EXPENSE CLAIM

Name: Zsuzsanna Hemperger Mailing Address: _____
 Month/Year: February 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
2018/02/05	Professional development mileage	41.3 x 2	.54 x 82.6			44,60	1.464.400-09-26 d1
2018/02/13	Elle, Island Catholic School Board meeting	48 x 2	.54 x 96			51,84	↓
2018/01/17	Board planning sess. at Best Western	45 x 2	.54 x 90			48,60	↓

Attach original receipts for expenses claimed

TOTAL 145,04

PAID
 OFFICE USE ONLY
 Total GST:

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

108081



108081

