

Form 115-1

180201

### Battle River School Division EXPENSE CLAIM

Name: Laine Sheer Mailing Address: \_\_\_\_\_  
n/a if direct deposit established, attach bank info to set up

Month/Year: Jan / 2018

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
2018/01/22	Zone 4 meeting	318	171.72			171.72	1.404400.09.2201
2018/01/17	Bused planning session	188	101.52			101.52	
						<b>TOTAL</b>	<b>273.24</b>

FEB 07

FEB 12 2018

Attach original receipts for expenses claimed  
if not claimed

<b>OFFICE USE ONLY</b>	
Total GST:	
MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00