

171201

Battle River School Division  
EXPENSE CLAIM

Name: Laurie Skori Mailing Address: \_\_\_\_\_  
 Month/Year: Nov / 17 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 medical renewal, PUF set rate, etc	Total	Account Code
2017/11/06	ASBA Zone 4	440.6	237.60	11.31		237.60	1.404.400.09.22.01
2017/11/07	CCA committee	192	103.68	4.94		103.68	
2017/11/14	Calgary - AB Ed	192	103.68	4.94		103.68	
"	mileage →						
"	room			6.39	168.37	168.37	
2017/11/20-21	ASBA - mileage	308	166.32	7.92		166.32	
"	" room	472.02		21.82	472.02	472.02	
2017/11/14	Calgary - AB Ed		.90	17.00			1.404.400.09.22.01 1576.47
	Supper - Skori/Hemberger		.90	19.00	37.80	37.80	1.404.400.09.26.01
<div style="border: 1px solid blue; padding: 5px; display: inline-block;">                 POSTED DEC 11 2017             </div>							
<b>TOTAL</b>						1289.47	<div style="border: 1px solid green; padding: 5px; display: inline-block;">                 PAID             </div>

Attach original receipts for expenses claimed