Form 115-1 171001

Battle River School Division

EXPENSE CLAIM

Name: Laurie Skori **Mailing Address:**

n/a if direct deposit established; attach bank info to set-up

Month/Year: Sept / 17

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
2017/09/05/06	Rooms-~~$~~ ABEd				12.90	283.80	1.404.400.09.220
"	mileage.	464	250.56		11.93	250.56	
2017/09/11	mileage - CCA	192	103.68		4.94	103.68	
2017/09/21	mileage - CIF	192	103.68		4.94	103.68	
2017/09/25	mileage - ATA	192	103.68		4.94	103.68	
		1040					

Attach original receipts for expenses claimed **TOTAL** 845.40

POSTED OCT 13 2017

OFFICE USE ONLY
Total GST: 39.65

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

PAID OCT 16 2017