Form 115-1 170109

Battle River School Division

EXPENSE CLAIM

Name: ~~Dec~~ Laurie Skori **Mailing Address:**

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

Month/Year: Dec / 2016

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
2016/12/12	audit committee mileage	192	103.68			103.68	1.404.400.09.23.01
"	phone					91.03	1.390.400.09.20.01

PAID JAN 16 2016

POSTED JAN 11 2016

Attach original receipts for expenses claimed **TOTAL** 194.71

OFFICE USE ONLY
Total GST: 9.27

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

Signa

Super