

170201

**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: Jan / 2017

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
2017/01/26	phone				4.60	96.64	1.390 400.09.0001
2017/01/17	room				6.39	139.22	PD-J 1.393.400.09.2201
2017/01/17	mileage	192	103.68		4.94	103.68	PD-J " "
							\$ 242.90

PAID
FEB 27 2017

POSTED
FEB 15 2017

54

Attach original receipts for expenses claimed

TOTAL 339.96

OFFICE USE ONLY
Total GST: 15.93

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