Form 115-1 16120\

Battle River School Division

EXPENSE CLAIM

Name: Skori, Lori **Mailing Address:**

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

Month/Year: November / 16

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
2016/11/09	Bashaw School Tour	~~130~~ 258	139.32		6.64	139.32	1.404.400.09.22.01\
2016/11/18	Audit committee	192	103.68		4.94	103.68	
20-22	ASBA - mileage	405	218.70		10.42	~~218.70~~	
11	ASBA - Rooms	~~546.42~~		25.22	~~546.42~~	~~546.42~~	
20	ASBA - supper	~~[illegible]~~		143.85	6.85	143.85	
	Sitler, Radley, Skori, Severson & Erikson						
21	ABSA - supper			44.05	2.10	44.05	
	Skori, Erikson, Sitler, Radley						

PAID DEC 12 2016

POSTED DEC 06 2016

Attach original receipts for expenses claimed

TOTAL 1196.07

OFFICE USE ONLY

T: 56.17

LOWANCE
fast: $9.00
: $11.50
r: $18.00

Signature:

Supervisor Sig