

180301

Form 115-1

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: Feb / 18

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 <small>(YYYY Month DD)</small> | Description | Kms | 54 x Kms | Meals | Other <small>medical referral, PUF set rate, etc</small> | Total | Account Code |
|--|----------------|-----|----------|-------|---|--------|--------------------|
| 2018/02/26 | Zone 4 meeting | 464 | 250.56 | | | 250.56 | 1.464.400.09.29.01 |
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MAR 12 2018

PAID
MAR 25 2018

Attach original receipts for expenses claimed
expenses claimed

TOTAL 250.56

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

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