

Form 115-1

16100V

Battle River School Division
EXPENSE CLAIM

Name: Laurie Stori Mailing Address: _____
 Month/Year: September, 2016 _____
 School/Location: _____ PUF Student Name: _____

IMPORTANT:

Expense Claim must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month the cla
Expenses submitted after this date will **NOT** be reimbursed.

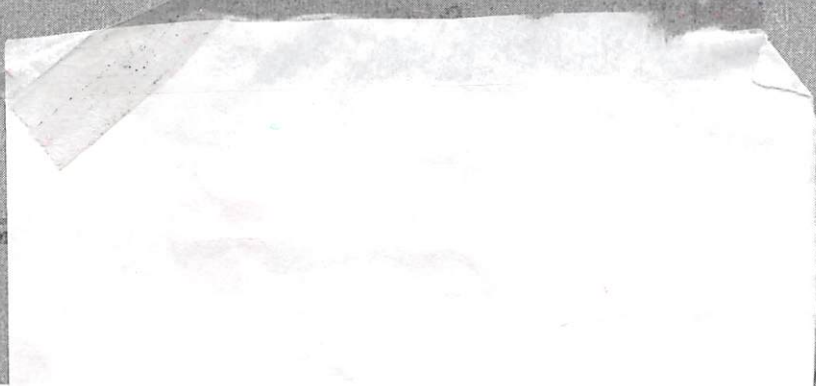
ORIGINAL EXPENSE CLAIMS are required for payment. Copies, including forms sent via fax/email, will not b
BUS DRIVERS - Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

Date <small>(YYYY-MM-DD)</small>	Description	Kms	54 x Kms	Meals	Other <small>(Hotel, laundry, PUF supplies, etc)</small>	Total	Account Code
27+28	rooms					359.26	1.404.400.09.22.01
"	mileage	371	200.34			200.34	↓

POSTED
OCT 14 2016

PAID
OCT 17 2016

Attach original receipts for expenses claimed **TOTAL 559.60**



OFFICE USE ONLY
 Total GST 26.02
MEAL ALLOWANCE
 Breakfast \$9.00
 Lunch \$11.50
 Dinner \$15.00