

170701

**Battle River School Division
EXPENSE CLAIM**

Name: Laurie Skori Mailing Address: _____

Month/Year: June / 17 n/a if direct deposit established, attach bank info to set-up

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
20 17 / 06 / 05	mileage	260	140.40		6.69	140.40	1.404.400.09.22.01
2017 / 06 / 06	room				13.50	294.30	
2017 / 06 / 07	room				5.45	122.37	
2017 / 06 / 13	mileage	192	103.68		4.94	103.68	
2017 / 06 / 16	"	192	103.68		4.94	103.68	
2017 / 06 / 20	"	192	103.68		4.94	103.68	
2017 / 06 / 19	"	192	103.68		4.94	103.68	
2017 / 06 / 21	"	192	103.68		4.94	103.68	
2017 / 06 / 23	"	192	103.68		4.94	103.68	
2017 / 06 / 28	"	192	103.68		4.94	103.68	
POSTED JUL 05 2017							
						PAID JUL 17 2017	
		<u>1604 Kms</u>					

Attach original receipts for expenses claimed

TOTAL 1282.83

OFFICE USE ONLY
Total GST: <u>60.22</u>
MEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00

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JUL 02 2001

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