

Battle River School Division  
EXPENSE CLAIM

Name: Laurie Skori Mailing Address: \_\_\_\_\_  
 Month/Year: March /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 medical renewal, PUF set rate, etc	Total	Account Code
2017,03,31	Phone					105.46	1.390.400.09.00.01
2017,03,20	mileage - meeting <sup>Zone 4</sup>	192	103.68			103.68	1.404.400.09.22.01
2017,03,21	Audit committee - mileage	192	103.68			103.68	↓
							1.390.400.09.00.01 \$ 105.46
							1.404.400.09.22.01 \$ 207.36

RECEIVED  
MAY 04 2017

Attach original receipts for expenses claimed

TOTAL 312.82

OFFICE USE ONLY
Total GST:
MEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00