Form 115-1

171101

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: Oct /17

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
2017/10/10	CCA Committee	196	105.84			105.84	1.404.400.09.2201
2017/10/12	ATA Neg Com.	196	105.84			105.84	
2017/10/19	ATA Neg. Com.	196	105.84			105.84	

POSTED
NOV 0 6 2017

4. ...ch original receipts for expen... claim

5.

6.

TOTAL 317.52

PAID
NOV 13 2017

OFFICE USE ONLY
Total GST:

MEAL ALLOWANCE
Breakfast: $9.00
Lunch: $11.50
Dinner: $18.00