Form 115-1 170502

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: April / 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
2017,04,27	phone					90.76	1.390.400.09.000

POSTED MAY 04 2017

Attach original receipts for expenses claimed **TOTAL** 90.76

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00