

Battle River School Division  
**EXPENSE CLAIM**

180401

Name: Laurie Skori Mailing Address: \_\_\_\_\_  
Month/Year: March, 2018  
School/Location: \_\_\_\_\_ PUF Student Name: \_\_\_\_\_  
n/a if direct deposit established; attach bank info to set-up  
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
2018/03/22	Zone 4 meeting	192	103.68			103.68	1-404.400-09-22.01

POSTED  
APR 09 2018

PAID  
APR 16 2018

Attach original receipts for expenses claimed **TOTAL 103.68**

OFFICE USE ONLY  
Total GST: **4.94**

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