

170301

Battle River School Division  
EXPENSE CLAIM

Name: Laurie Skori Mailing Address: \_\_\_\_\_  
 Month/Year: Feb, 2017 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
2017,02,9	mileage	192	103.68		4.94	103.68	1.404.400.09.22.01
2017/02/13	"	192	103.68		4.94	103.68	↓
2017/02/21	"	192	103.68		4.94	103.68	
		576 km					

POSTED  
MAR 13 2017

PAID  
MAR 27 2017

Attach original receipts for expenses claimed

TOTAL 311.04

Total GST: 14.02

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