

170701

Battle River School Division  
EXPENSE CLAIM

Name: Kendall Severson Mailing Address: \_\_\_\_\_  
 Month/Year: June / 2017 n/a if direct deposit established; attach bank info to set-up  
 School/Location: D.O. 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 etc. etc.	Total	Account Code
2017/06/04	ASBA SGM	320	172.80		13.50 294.30	467.10	1.404.400-09.06.01
2017/06/13	Audit Meeting	74	39.96			39.96	
2017/06/19	CCA Meeting	74	39.96			39.96	
2017/06/21	CCA Meeting	74	39.96			39.96	
2017/06/21	CCA Meeting	74	39.96			39.96	
2017/06/26	CUPE Meeting	74	39.96			39.96	
2017/06/27	CUPE Meeting	74	39.96			39.96	
2017/06/28	CCA Meeting	74	39.96			39.96	
POSTED JUL 05 2017		830					

Attach original receipts for expenses claimed

TOTAL 746.82

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

PAID  
JUL 17 2017