

180281

Battle River School Division  
**EXPENSE CLAIM**

Name: Kendall Severson Mailing Address: \_\_\_\_\_  
Month/Year: Jan. 2018 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 <del>7.61</del>	Meals <del>1.72</del>	Other medical renewal PUF rate <del>18.44</del>	Total	Account Code
2018/01/14	ASBA Conference	296	159.84	36.00	401.92	597.76	Individual PD 1-383.400-09.06.01
2018/01/17	Board Planning	70	37.80	1.80		37.80	
2018/01/22	CCA Committee Meeting	76	39.96	1.90		39.96	1-464.400-09.06.01 77.76

POSTED  
FEB 07 2018

PAID  
FEB 12 2018

TOTAL: 675.52  
~~675.54~~ MB

Attach original receipts for expenses claimed

<b>OFFICE USE ONLY</b>	
Total GS1	31.47
<b>MEAL ALLOWANCE</b>	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00