

161201

Battle River School Division EXPENSE CLAIM FORM

Name: Kendall Severson
Month/Year: Nov / 16
School/Location: P.O.

Mailing Address: _____
n/a if direct deposit established; attach banking info to set-up
PUF Student Name: _____
required for PUF Transportation claims

IMPORTANT: Expense Claims must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month that your claim is for. Expenses submitted after this date will **NOT** be reimbursed.

BUS DRIVERS: Do NOT claim field trip expenses (claim field trip expenses on the applicable "Trip Report" form)

Date	Description	KMS	.54 x KMS	Meals	Other ie. Medical Renewal, PUF Set Rate, etc	Total	Account Code	
Nov 2	CAYRAW Meeting	74	39 96	1 91		39 96	L404-460-09-06-01	
Nov 9	Bashaw Tour	138	74 52	3 55		74 52		
Nov.18	Audit Meeting	76	41 04	1 96	parking	41 04		
Nov.20	ASBA FGAT	280	151 20	433 50	38 00	592 70		
			20		433 50			
					20.00			
PAID DEC 12 2016								
POSTED DEC 06 2016								
TOTAL						748 22		

Attach original receipts

OFFICE USE ONLY
Total GST: **35.00**

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