17161

Battle River School Division
EXPENSE CLAIM FORM

Name: Kendall Severson

Month/Year: Oct. 17

School/Location: D.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
Oct. 5	School Council Presenta	74	39 96			39 96	1.404.400.09060
Oct. 10	CCA Mtg	74	39 96			39 96	(1)