Form 115-1

180613

Battle River School Division

# EXPENSE CLAIM

Name: Kendall Severson

Mailing Address: _____
*n/a if direct deposit established; attach bank info to set-up*

Month/Year: June 2018

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 set rate, etc | Total | Account Code |
|---|---|---|---|---|---|---|---|
| 2018/6/3 | ASBA SGM | 320 | 172.80 | 29.07 | 350.08 | 551.95 | 1-44-400-09-06-01 |
| | | | 8.23 | 1.19 | 16.06 | | |
| 2018/6/13 | Audit Meeting | 74 | 39.96 | 1.90 | | 39.96 | |
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TOTAL 591.91

*Attach original receipts for expenses claimed*

OFFICE USE ONLY

Total GST: 27.38

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00

PAID

JUL 16 2018

Battle River S
Forms Manua

JUN

March 2016