

170829

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: Aug 2017

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
2017/08/24	CCA Meeting	74	39.96			39.96	1.464.400-09.0681
2017/08/29	Meeting with Minister	266	143.64			143.64	↓
POSTED SEP 05 2017		340					
							PAID SEP 18 2017

Attach original receipts for expenses claimed

TOTAL: 183.60



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