Form 115-1 17600

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: Sept. 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
2017/09/07	CAYRAN Meeting	74	39.96			39.96	1.404.400.09.06.01
2017/09/07	Beaver Bus Drivers	74	39.96			39.96	
2017/09/11	Cornerstone Mtg	74	39.96			39.96	
		222				TOTAL 119.88	

POSTED OCT 02 2017

PAID OCT 16 2017

Attach original receipts for expenses claimed

OFFICE USE ONLY

Total GST:

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