161101

Battle River School Division
EXPENSE CLAIM FORM

Name: Kendall Severson
Month/Year: Oct. 2016
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	CAYRAN	74	39 96			39 96	1.404.400.09.06.01
Oct. 18	Council of Councils	44	23 76			23 76	↓

POSTED
NOV 07 2016

PAID
NOV 14 2016

Attach original receipts for expenses claimed **TOTAL** 63 72

OFFICE USE ONLY
Total GST:

Sign

Sup

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