

171211

Battle River School Division  
EXPENSE CLAIM

Name: Kendall Severson Mailing Address: \_\_\_\_\_  
 Month/Year: Dec. 2018 n/a if direct deposit established; attach bank info to set-up  
 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
2017/12/5	CCA Meeting	74	39.96			39.96	1404.400.090601
2017/12/11	CCA Parent Mtg	121	65.34			65.34	

POSTED  
DEC 21 2017

PAID  
DEC 27 2017

Attach original receipts for expenses claimed

TOTAL 105.30

OFFICE USE ONLY  
Total GST:

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