Form 115-1 18030\

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: Feb / 18

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
2018/02/05	Session with Wetwood	74	39.96			39.96	1.404.400.09.060\
2018/02/13	Meeting with FICS	74	39.96			39.96	

PAID
MAR 26 2018

POSTED
MAR 12 2018

Attach original receipts for expenses claimed

TOTAL 79.92 (i)

OFFICE USE ONLY

Total GST:

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