

Battle River School Division EXPENSE CLAIM FORM

180401

Name: Kendall Severson

Mailing Address: _____

n/a if direct deposit established; attach banking info to set-up

Month/Year: March / 18

School/Location: D.O.

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 <small>ie, Medical Renewal, PUF Set Rate, etc</small>	Total	Account Code
<u>Mar 5</u>	<u>Audit Mtg</u>	<u>74</u>	<u>39</u>	<u>96</u>		<u>39 96</u>	<u>1-404-700-09-06-01</u>

PAID

APR 16 2018

Attach original receipts for expenses claimed

TOTAL 39 96

NOTED

APR 09 2018

OFFICE USE ONLY
Total GST: <u>1.90</u>

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