Form 115-1 180501

Battle River School Division

## EXPENSE CLAIM

Name: Karen Belich

Mailing Address: _____
*n/a if direct deposit established; attach bank info to set-up*

Month/Year: April 2018

School/Location: _____

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 |
|---|---|---|---|---|---|---|---|
| 2018/04/08 | meeting | 50 | $27. | | | $27.00 | 1-404-400-09-27-0 |
| ~~2018/04/12~~ | ~~meeting~~ | ~~48~~ | ~~$25.92~~ | | | ~~$25.92~~ | |
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POSTED APR 27 2018

PAID MAY 14 2018

*Attach original receipts for expenses claimed*

TOTAL 27.00 GST

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00