

Battle River School Division
EXPENSE CLAIM

180401

Name: Karen Belich Mailing Address: _____
Month/Year: March 2018 n/a if direct deposit established; attach bank info to set-up
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
2018/03/04	Rural Education Symposium	184	\$99.36		4.73	\$99.36	} PO- Inc. 1-382-400-09-27.01
2018/03/05	Supper			\$20.48	.86	20.48 18.00	
2018/03/06	accommodation			12.90	281.22	\$281.22	

PAID
APR 16 2018

Attach original receipts for expenses claimed TOTAL \$ 401.06

POSTED

OFFICE USE ONLY
Total GST: 18.47
MEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00