

180201

**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: January 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 <small>medical renewal, PUF set rate, etc</small>	Total	Account Code
2018/01/11	mtg - CBFA mtg	48	25.92			25.92	1.404.400.0927.01
2018/01/15	CPF mtg	52	28.08			28.08	↓
2018/01/17	Planning session	54	29.16			29.16	↓
2018/01/18	FD	18					
<div style="border: 1px solid blue; padding: 5px; display: inline-block;"> <p align="center">POSTED FEB 05 2018</p> </div>						<div style="border: 1px solid green; padding: 5px; display: inline-block;"> <p align="center">PAID FEB 12 2018</p> </div>	
TOTAL						83.16	

Attach original receipts for expenses claimed

OFFICE USE ONLY
Total GST:

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