

171201

Battle River School Division

EXPENSE CLAIM

Name: Karen Belich Mailing Address: _____
 Month/Year: Nov, 2017
 School/Location: _____ PUF Student Name: _____
n/a if direct deposit established; attach bank info to set-up
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 |
|-------------------------|-----------------|-----|-----------|-------|--|--------|--------------------|
| 2017/11/07 | meeting | 48 | 25.92 | | 1.23 | 25.92 | 1.404.400.09.27.01 |
| 2017/11/16 | | | | | | | |
| 2017/11/19-27 | ASBA conference | 156 | 84.24 | 4.01 | 26.28 572.58 | 656.82 | |
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| TOTAL | | | | | | 682.74 | |

POSTED
DEC 11 2017

PAID
DEC 18 2017

PAID
DEC 18 2017

Attach orig

for expenses claimed

OFFICE USE ONLY
Total GST: 31.52

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