Form 115-1

171211

Battle River School Division

EXPENSE CLAIM

Name: Zsuzsanna Hemperger **Mailing Address:** _____

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

Month/Year: December 2017

School/Location: Beaver County West **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
2017 Dec 11	Community Engagement Corner Stone	28x2=56	.54x56			30.24	1.404.400.09.26.01

PAID DEC 27 2017

DEC 20 2017

4. ...h original receipts for expenses claimed

5.

6.

TOTAL 30.24

OFFICE USE ONLY

Total GST:

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00