Form 115-1

Battle River School Division

EXPENSE CLAIM

170601

Name: Norm Erickson **Mailing Address:**

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

Month/Year: May.

School/Location: Trustee. **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 05 02	TEBA (Edm)	220				118.80	1.404.400.09.18-01
2017 05 11	Parent (Hay lakes	64.				34.56	
2017 05 18	TEBA Edm	200				108.00	
20170518	Parking Edm				28.-	28.00	
2017 05 26	Grad Hay lakes	64				~~13.56~~	34.56

PAID
JUN 12 2017

Attach original receipts for expenses claimed **TOTAL** 303.92

OFFICE USE ONLY
Total GST:

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

Si

S