170201

Battle River School Division
EXPENSE CLAIM FORM

Name: NORM ERICKSON **Mailing Address:** _____
n/a if direct deposit established; attach banking info to set-up

Month/Year: Jan 2017

School/Location: Trustee. **PUF Student Name:** _____
required for PUF Transportation claims

IMPORTANT: Expense Claims must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month that your claim is for. Expenses submitted after this date will **NOT** be reimbursed.

BUS DRIVERS: Do **NOT** claim field trip expenses (**claim field trip expenses on the applicable "Trip Report" form**)

Date	Description	KMS	.54 x KMS	Meals	Other ie. Medical Renewal, PUF Set Rate, etc	Total	Account Code
17	Hotel Calgary.			6 39	139 22		PD-J 1.383.400.09.18.01
17,18	Mileage Calgary.	580		149	313 20		PD-J 492.88
12	Meals Negotiations.			~~168~~	40 46		
19	Mileage Hay Lakes	64		165	34 56		1.404.400.09.18.01
					TOTAL	527	44

PAID
FEB 27 2017

POSTED
FEB 13 2017

Attach orig

OFFICE USE ONLY
Total GST: 24.63

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