Form 115-1 17100\

Battle River School Division

EXPENSE CLAIM

Name: NORM ERICKSON **Mailing Address:**

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

Month/Year: Sept 2017

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(09) 5	Rm Red Deer				12.90	283.80	1.404.400.09.180\
18	Hay Lakes	70			1.80	37.80	

PAID
OCT 16 2017

Attach original receipts for expenses claimed

TOTAL 321.60

POSTED

OFFICE USE ONLY
Total GST: 14.70

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