Form 115-1

17070\

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: June / 17

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
4-6	Red Deer	300	.		7.71	162.00	1.404.400.09.18.01
4-6	Room				13.50	294.30	.

POSTED JUL 04 2017

PAID JUL 17 2017

Attach original receipts for expenses claimed.

TOTAL 456.30

OFFICE USE ONLY

Total GST: 21.21

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00