

## Battle River School Division EXPENSE CLAIM FORM

161101

Name: NORM Erickson Mailing Address: \_\_\_\_\_  
n/a if direct deposit established; attach banking info to set-up

Month/Year: Oct/16

School/Location: \_\_\_\_\_ 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 <small>ie. Medical Renewal, PUF Set Rate, etc</small>	Total	Account Code
20	Hay Lakes Awards	66				35 64	1.404.400-09.10.01
<b>TOTAL</b>						35 64	[Signature]

POSTED  
NOV 07 2016

PAID  
NOV 14 2016

*Attach original receipts for expenses claimed*

OFFICE USE ONLY
<b>Total GST:</b>

<b>MEAL ALLOWANCE</b>
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00