

Battle River School Division
EXPENSE CLAIM

Name: Norm ERICKSON Mailing Address: _____
 Month/Year: Dec 2016 n/a if direct deposit established; attach bank info to set-up
 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
Dec 6	Delivery of baskets	40 016				21.60	1.404.400.09.18-01
Dec 22	Hay makes Xmas	40 64				21.60	34.56

POSTED
JAN 10 2016

PAID
JAN 16 2016

Attach original receipts for expenses claimed **TOTAL** ~~43.20~~ 56.16

OFFICE USE ONLY
Total GST:

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