16001

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: Sept. 2016.

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 ie. Medical Renewal, PUF Set Rate, etc	Total	Account Code
Sept22	Parent Council	68.	.54			36 72	1.404.400.09.180
	Hay Lakes.						

PAID OCT 17 2016

POSTED OCT 11 2016

Attach original receipts for expenses claimed

TOTAL 36.72

OFFICE USE ONLY
Total GST:

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