

**Battle River School Division
EXPENSE CLAIM**

Name: Valerie Sims Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: June 2019

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
2019 06 04	Hotel for ASBA				13.50	294.30	1401400.8925.01
2019 06 02	Black Knight Inn supper			23.46	-		

Attach original receipts for expenses claimed

TOTAL 317.78

OFFICE USE ONLY
Total GST: <u>13.50</u>

Signature: _____

Supervisor Signature: _____

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