

171211

Battle River School Division
EXPENSE CLAIM

Name: Laurie Skori Mailing Address: _____
Month/Year: Dec/17 n/a if direct deposit established; attach bank info to set-up
School/Location: _____ 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 <small>medical renewal, PUF set rate, etc</small>	Total	Account Code
2017/12/11	CCA Parent Meeting ^{m. large}	224	120.96			120.96	1-404-400-09-2201

POSTED
DEC 21 2017

PAID
DEC 27 2017

Attach original receipts for expenses claimed

TOTAL 120.96

OFFICE USE ONLY
Total GST:

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