

Battle River School Division  
**EXPENSE CLAIM**

Name: RITA MARLER Mailing Address: \_\_\_\_\_  
 n/a if direct deposit established; attach bank info to set-up

Month/Year: NOV 2016

School/Location: DIV OFFICE 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
2016/11/17	ATA mtg - Daysland	84	45.36			45.36	1.404.400.00-0181
<del>2016/10/22/16</del>							
		84 km					

POSTED  
DEC 27 2016

PAID  
DEC 23 2016

Attach original receipt TOTAL 45.36

Sig \_\_\_\_\_  
  
S\_\_\_\_\_

**OFFICE USE ONLY**

Total GST: \_\_\_\_\_

**MEAL ALLOWANCE**

Breakfast: \$9.00

Lunch: \$11.50

Dinner: \$18.00