Form 115-1 .48 km version 161202

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: ~~DEC~~ 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	.48 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2016/11/20-22	Edm - ASBA FGM	200	96.00			96.00	1.404.400-00-01-01
		200 Km					

PAID DEC 23 2013

POSTED DEC 20 2013

Attach original receipts for expenses claimed TOTAL 91.-

OFFICE USE ONLY
Total GST:

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