

**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: OCTOBER 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 g.s.f	Other medical renewal, PUF set rate, etc	Total	Account Code
2016/10/04	Parking - U of A			0.24	5.00	5.00	1.464.400.00.0101
2016/10/04	Travel to Edm - Council of Schldship	200	108-			108.00	↓
2016/10/12	Rosalind Colony	36	19.44			19.44	
2016/10/19	CHSPS	172	92.88			92.88	
2016/10/20	Hay Lakes School	66	35.64			35.64	
PAID NOV 28 2016							
POSTED NOV 18 2016							
		474 Km ✓					
						TOTAL	260.96

Attach original receipts for expenses claimed

OFFICE USE ONLY

Total GST: **12.43**

MEAL ALLOWANCE

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