

Battle River School Division
EXPENSE CLAIM

Name: LITA MARLER Mailing Address: _____
 n/a if direct deposit established; attach bank info to set-up
 Month/Year: SEPT 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.

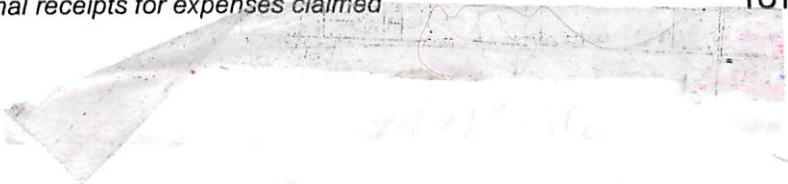
BUS DRIVERS -- Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2016 09 26	School Visits	103	55.62			55.62	1.404.400.00.01.01
2016 09 26	ASBA Forum	200	108.-			108.-	↓
						TOTAL	163.62

PAID
OCT 17 2016

POSTED
OCT 11 2016

Attach original receipts for expenses claimed



OFFICE USE ONLY
Total GST:
MEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00