Form 115-1 .48 km version

161214

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 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
2016/12/04	EDM	200	96-			96-	1.404.4000.01.0 |
2016/12/08	YELLOW CAB			1.69	33.50	33.50	|
2016/12/14	BAWLF SCHOOL	58				27.84	
2016/12/14	Basket deliveries	169	81.12			81.12	1.404.400.09.2001 | 2
		427					

PAID DEC 23 2016

POSTED DEC 2 0

Attach original receipts for expenses claimed **TOTAL** 238.46

OFFICE USE ONLY
Total GST: 11.44

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