

Battle River School Division  
EXPENSE CLAIM

Name: RITA MARLER Mailing Address: \_\_\_\_\_  
 Month/Year: JAN 2017 & FEB 2017 n/a if direct deposit established; attach bank info to set-up  
 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	<sup>54 Km</sup> <del>.48 x Kms</del>	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2017/01/31	Bashaw	120	<del>57.60</del>		3.09	<del>57.60</del> 64.80	1.404.400.001.01
2017/02/13	Sedgewick	172	<del>82.56</del>		4.42	<del>82.56</del>	
2017/02/13	Subway			6.30	0.30	6.30	
2017/02/28	Staples			0.61	12.86	12.86	
<b>TOTAL</b>						176.84 (incl)	

PAID  
MAR 13 2017

POSTED  
MAR 03 2017

Attach original receipts for expenses claimed

TOTAL 159.32

OFFICE USE ONLY  
 Total GST: 8.42  
 MEAL ALLOWANCE  
 Breakfast: \$9.00  
 Lunch: \$11.50  
 Dinner: \$18.00