

170401

**Battle River School Division  
EXPENSE CLAIM**

Name: RITA MARLER Mailing Address: \_\_\_\_\_  
 Month/Year: MARCH 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	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2016/03/16	Bawlf	58	31.32			31.32	1-404-400-00-01-01
2016/03/20	Bawlf	58	31.32			31.32	1-404-400-00-01-01
TOTAL						62.64 (i)	

PAID  
APR 17 2017

POSTED  
APR 07 2017

Attach original receipts for expenses claimed

	<b>TOTAL</b>	<u>62.64 (i)</u>
OFFICE USE ONLY		
Total GST:		
MEAL ALLOWANCE		
Breakfast: \$9.00		
Lunch: \$11.50		
Dinner: \$18.00		