

170501

Battle River School Division
EXPENSE CLAIM

Name: RITA MARLER Mailing Address: _____
 Month/Year: APRIL 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
2017/04/03	School visit - Bashaw	120	64.80			64.80	1.464.400.0001.01
2017/04/07	Calgary - CSL session	576	311.04			311.04	↓
2017/04/25	Dauphin - H+Mtg	84	45.36			45.36	
2017/04/28	Tofield - school visit	112	60.48			60.48	

POSTED
MAY 01 2017
PAID
MAY 15 2017

Attach original receipts for expenses claimed **TOTAL 481.68**

Signature _____

Supervisor _____

OFFICE USE ONLY
total GST:
IEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00