Form 115-1

Battle River School Division

EXPENSE CLAIM

170601

Name: RITA MARLER **Mailing Address:**

n/a if direct deposit established; attach bank info to set-up

Month/Year: MAY 2017

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
2017/05/26	Bawlf - grad	58	31.32			31.32	1-404-400-00-01-01
2017/05/28	Bashaw - open.cer.	120	64.80			64.80	1-404-400-00-01-01
2017/05/29	Innisfail - Edwin Parr	342	184.68			184.68	1-404-400-00-01-01

Attach original receipts for expenses claimed **TOTAL** 280.80

OFFICE USE ONLY

Total GST:

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

PAID IN 12 2017

Sig

Sup