

170706

**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: JUNE 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.

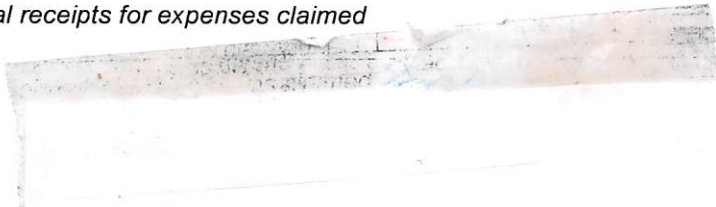
**BUS DRIVERS** -- Do **NOT** claim field trip expenses (**claim on the applicable "Trip Report" form**).

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other <small>medical renewal, PUF set rate, etc</small>	Total	Account Code
2017/06/04	Red Deer - ASBA	294	158.76			158.76	1-404-400-00-01-01
2017/06/12	St. Paul / Two Hills	418	225.72			225.72	1-404-400-00-01-01
2017/06/14	Kingman	56	30.24			30.24	1-404-400-00-01-01
2017/06/30	Kingman	56	30.24			30.24	1-404-400-00-01-01
2017/06/30	Sedgewick	172	92.88			92.88	1-404-400-00-01-01
<b>TOTAL</b>							<b>537.84 (:)</b>

POSTED  
 JUL 05 2017

996'

Attach original receipts for expenses claimed



OFFICE USE ONLY	
Total GST:	

MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$8.00

PAID  
 JUL 17 2017