

171001

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: SEPT 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
Sept 7/2017	Bashaw-school visit	120	64.80			64.80	1-404-400-00-01-01
Sept 22/2017	Red Deer - CASS	294	158.76			158.76	1-404-400-00-01-01

4141

TOTAL 223.56

Attach original receipts for expenses claimed

OFFICE USE ONLY
Total GST:

MEAL ALLOWANCE
Breakfast: \$9.00
Lunch: \$11.50
Dinner: \$18.00
PAID OCT 15 2017