Form 115-1 18020\

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: DEC 2017 - JAN 2018

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
2017/12/23	ElectroTel			2.75	57.70	57.70	1.404.400.00-01.0\
2018/01/10	Hay Lakes	66	35.64			35.64	
2018/01/24	Rycley + Tofield	144	77.76			77.76	
2018/01/29	Cornerstone (Kinsman)	56	30.24			30.24	
		266 ✓					

POSTED FEB 02 2018

PAID FEB 12 2018

Attach original receipts for expenses claimed **TOTAL** 201.34

OFFICE USE ONLY
Total GST: 9.59

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