Form 115-1 171220

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

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
2017/12/07	Peters Drive Inn			20.27	.97	20.27	1.404.460000.01-07
2017/12/12	School Review visits	204	110.16			110.16	↓
2017/12/20	Bawlf	58	31.32			31.32	
						PAID DEC 27 2017	
	POSTED DEC 21 2017						
		262					

Attach original receipts for expenses claimed

TOTAL 161.75

OFFICE USE ONLY
Total GST: 7.71

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