rm 115-1

171201

Battle River School Division

EXPENSE CLAIM

me: RITA MARLER

nth/Year: NOV 2017

hool/Location: DIV OFFICE

Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

PUF Student Name: _____
required for PUF Transportation claims

PORTANT:
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 | 11 | 07	Edm Int'l Airport	75	40.50		1.93	40.50	Int'l Prog 1-304-700-00-00-51
2017 | 11 | 05	Lunch - Kyoto 820 pm			9.16	—	9.16	Int'l Prog 1-304-700-00-00-51 496
2017 | 11 | 19-22	Edm - ASBA FGM	200	108.00		5.14	108.00	1.404.400.01-01
		275 ✓					

PAID
DEC 18 2017

ttach original receipts for expenses claimed

TOTAL 157.66

OFFICE USE ONLY