

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: FEB 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 <small>medical renewal, PUF set rate, etc</small>	Total	Account Code
2018/01/28	Amazon			4.938	103.57	103.57	1-360-400-00-00-01
2018/02/01	Round Hill	58			31.32	31.32	1-404-400-00-01-01
2018/02/06	Bashaw	120			64.80	64.80	1-404-400-00-01-01
2018/02/07	Holden - Daysland	149			80.46	80.46	1-404-400-00-01-01
2018/02/27	Kingman	56			30.24	30.24	1-404-400-00-01-01

POSTED
MAR 01 2018

383 ✓

TOTAL 310.39 (✓)

Attach original receipts for expenses claimed

ONLY

WANCE
st: \$9.00
\$11.50
\$18.00

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