Form 115-1

18040

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: MARCH 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
2018/03/02	Pigeon Lake	170	91.80			91.80	1-404-400-00-01-01
2018/03/13	School visits - NW +						
	Bashaw	120	64.80			64.80	1-404-400-00-01-01
2018/03/14	Nisku	152	82.08			82.08	1-404-400-00-01-01
2018/03/16	Red Deer	294	158.76			158.76	1-404-400-00-01-01
2018/03/20	Edmonton	200	108.00			108.00	1-404-400-00-01-01
		93					

PAID
APR 16 2018

At

TOTAL 505.44

OFFICE USE ONLY
Total GST:

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