Form 115-1

18.50)

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: APRIL 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
2018/04/13	Calgary	576	311.04		14.81	311.04	1-404-400-00-01-01
2018/4/17	Nesters Market			23.25	1.00	23.25	1-404-400-00-01-01
2018/4/20	Edmonton	200	108		5.14	108.00	1-404-400-00-01-01
2018/4/30	Kingman	56	30.24		1.44	30.24	1-404-400-00-01-01

POSTED MAY 0 8 2018

PAID MAY 14 2018

Attach original receipts for expenses claimed TOTAL 472.53

OFFICE USE ONLY

Total GST: 22.47

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00