Form 115-1

18060

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: MAY 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
2018/05/03	Edmonton	200	108-			108-	1-404-400-00-01-01
2018/05/07	Bawlf	58	31.32			31.32	1-404-400-00-01-01
2018/05/07	Kingman	56	30.24			30.24	1-404-400-00-01-01
2018/05/15	School visits	162	87.48			87.48	1-404-400-00-01-01
2018/05/17	Wetaskiwin	82	44.28			44.28	1-404-400-00-01-01
2018/05/18	Kingman	56	30.24			30.24	1-404-400-00-01-01
2018/05/31	Edmonton	200	108-			108.00	1-404-400-00-01-01
		814					

POSTED
JUN 04 2018

Attach original receipts for expenses claimed

TOTAL 439.56

OFFICE USE ONLY

Total GST:

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

PAID
JUN 11 2018

Mar 2016