170301

Battle River School Division
EXPENSE CLAIM FORM

Name: Ray Bank

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

Month/Year: Feb/2017

School/Location: Div Office

PUF Student Name: _____
required for PUF Transportation claims

IMPORTANT: Expense Claims must be submitted to Division Office **WITHIN TWO MONTHS** from the end of the month that your claim is for. Expenses submitted after this date will **NOT** be reimbursed.

BUS DRIVERS: Do **NOT** claim field trip expenses (**claim field trip expenses on the applicable "Trip Report" form**)

Date	Description	KMS	.54 x KMS	Meals	Other ie. Medical Renewal, PUF Set Rate, etc	Total	Account Code
Feb 2	Holden	128	69 12			69 12	1-304-351-00-00-11
13	Bawlf	58	31 32			31 32	
13	Bashaw	120	64 80			64 80	
20	Forestburg	180	97 20			97 20	
20	New Norway	56	30 24			30 24	
		542 km					

POSTED MAR 17 2017

PAID MAR 27 2017

Attach original receipts for expenses claimed

TOTAL 292 68

OFFICE USE ONLY
Total GST: 13.94

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