

Battle River School Division EXPENSE CLAIM FORM

171201

Name: RAY BOSH
 Month/Year: Nov/2017
 School/Location: _____

Mailing Address: _____
n/a if direct deposit established; attach banking info to set-up
 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 <small>ie. Medical Renewal, PUF Set Rate, etc</small>	Total	Account Code
Nov 1	Calgary	576	311 04			311 04	10304-351-00-00-11
9	Killarney	146	78 84			78 84	↓
14	Round Hill	58	31 32			31 32	
21	Telford	112	60 48			60 48	
23	Edmonton	200	108 00			108 00	
		1092 ✓					

POSTED
DEC 11 2017

PAID
DEC 13 2017

Attach original receipts for expenses claimed. TOTAL: 589 68 (1)

OFFICE USE ONLY
Total GST:

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

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