

171213

Battle River School Division

EXPENSE CLAIM

Name: Ray Bosh. Mailing Address: _____
n/a if direct deposit established; attach bank info to set-up

Month/Year: Dec 2017

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.

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
Dec 4	Tofield	112					
7	Killarney	146					1.304.356.00.00-11
11	Tofield	112					
12	Viking	160					
13	Ryley	144					
		674					
	314 km (.54)	172	169.56			169.56	
	360 km (.48)		172.80			172.80	

POSTED
DEC 20 2017

PAID
DEC 27 2017

Attach original receipts for expenses claimed

TOTAL 342.36

OFFICE USE ONLY
Total GST:

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



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