

190201

Battle River School Division
EXPENSE CLAIM

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

Month/Year: January / 2019

School/Location: Division 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
2019/01/28	U of A Career Fair Edmonton	80	43.20			43.20	1-384-300-00-11-50
2019/01/29	U of C Career Fair Calgary	576	311.04			311.04	1-384-300-00-11-50
		656					

Attach original receipts for expenses claimed

TOTAL 354.24

POSTED
FEB 12 2019

Signature: _____

Supervisor Signature: _____

OFFICE USE ONLY

Total GST: _____

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

PAID
FEB 15 2019

March 2016
Page 1 of 1