

**Battle River School Division
EXPENSE CLAIM**

Name: Brett Huculak Mailing Address: _____
 Month/Year: May 2018 n/a if direct deposit established; attach bank info to set-up
 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
2018/05/03	staffing meeting Cornerstone	56	30.24			30.24	
2018/05/04	Daysland Graduation	84	45.36			45.36	
2018/05/07	meeting Cornerstone	56	30.24			30.24	
2018/05/09	Transfer Meeting Sedgwick	172	92.88			92.88	
2018/05/15	school visit, Tofield Ryley, Viking	140	75.60			75.60	
2018/05/16	school visits Sifton + Halden	70	37.80			37.80	
2018/05/25	Grad Vikings +	160	86.40			86.40	
TOTAL							

Attach original receipts for expenses claimed

Sig. _____

Supr _____

OFFICE USE ONLY
Total GST: _____

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

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

JUN 06 2018

~~CONFIDENTIAL~~

SECRET

RECEIVED
JUN 06 2018