

Battle River School Division
EXPENSE CLAIM

Name: Brett Huculch Mailing Address: _____
 Month/Year: June / 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
2018/06/01	CAS Zone 4 meeting, Red Deer	294	158.76			158.76	
2018/06/11	Viking School visit	160	86.40			86.40	
2018/06/13	Interviews Sedgwick	172	92.88			92.88	
2018/06/15	Student Funeral Viking	160	86.40			86.40	
2018/06/18	Forestburg Interview,	180	97.20			97.20	
2018/06/20	Viking Colony staffing	208	112.32			112.32	

PAID
JUL 16 2018

Attach original receipts for expenses claimed

TOTAL

Signat

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OFFICE USE ONLY	
Total GST:	
MEAL ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00