

180401

Battle River School Division  
EXPENSE CLAIM

Name: Brett Havelik Mailing Address: \_\_\_\_\_  
 Month/Year: March 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
2018/03/06	Visit Rylex School	40	21.60			21.60	1.404.400-00-00-01
2018/03/08	Teachers Conv. Edm- ton	200	108.00			108.00	
2018/03/14	TEBA meeting, Nisku	146	78.84			78.84	
2018/03/14	School visits Toivell, Rylex, Holden	70	37.80			37.80	
2018/03/16	CASS Zone 4 meeting, Red Deer	294	158.76			158.76	
2018/03/22-23	CASS Conference Edm- ton	320	172.80			172.80	
		1070					
<b>TOTAL</b>						577.80	

Attach original receipts for expense claimed

OFFICE USE ONLY

WARRANTY	
st: \$9.00	
\$11.50	
\$18.00	