Form 115-1 .48 km version

17110|

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: October

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	.48 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2017/10/04	Parent Meeting	172	82.56		3.93	82.56	1.404.400.00.00.01
	Sedgewick						
2017/10/13	School Visits	58	27.84		1.33	27.84	
	Cornerstone, Round Hill						
2017/10/16	Tofield Meeting	112	53.76		2.56	53.76	
2017/10/19	Hay Lakes Award Ceremony	50	24.00		1.14	24.00	
2017/10/25	School Visit	160	76.80	11.81	.56	88.61	
	Riley, Holden Viking		3.66				
		552 x .48 =	264.96				

Attach original receipts for expenses claimed

TOTAL 276.77

OFFICE USE ONLY

Total GST: 13.18

MEAL ALLOWANCE

Breakfast: $9.00

Lunch: $11.50

Dinner: $18.00

PAID

NOV 27 2017