

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: August

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.

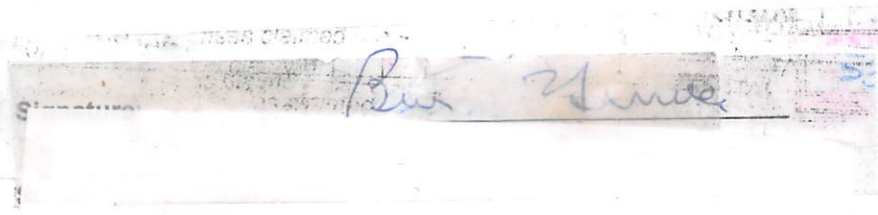
BUS DRIVERS -- Do NOT claim field trip expenses (claim on the applicable "Trip Report" form).

Date (YYYY Month DD)	Description	Kms	.54 x Kms	Meals	Other medical renewal, PUF set rate, etc	Total	Account Code
2017/08/18	Residence in Leadership Edmonton	140	75.60		3.60	75.60	1-404400-00-0001
2017/08/22	Lunch Interview			47.09	2.24	47.09	1-384-300-00-11-50
		140					
						TOTAL	122.69

POSTED
SEP 06 2017

PAID
SEP 18 2017

Attach original receipts for expenses claimed



OFFICE USE ONLY
Total GST: 5.84

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