

170501

Battle River School Division
EXPENSE CLAIM

Name: Brett Huculak Mailing Address: _____
 Month/Year: April 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 <small>medical renewal, PUF set rate, etc</small>	Total	Account Code
2017/04/20	Funeral Daysland	84	45.36			45.36	1.404.400.00.00.01
2017/04/25	Meeting with ATA Daysland	84	45.36			45.36	
2017/04/26-27	Women Resources Institute of Alberta Conference Edmonton	320	172.80			172.80	
		488					

POSTED
MAY 03 2017

PAID
MAY 15 2017

Attach original receipts for expenses claimed

TOTAL: 263.52

OFFICE USE ONLY
Total GST:

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