

**Battle River School Division  
EXPENSE CLAIM**

Name: Brett Huvalak Mailing Address: \_\_\_\_\_  
 Month/Year: March 2017 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
2017/03/01	School Visit Ryley	40	21.60			21.60	
2017/03/08	Interviews Sedgewick	172	92.88			92.88	
2017/03/9-10	CASS Conference Edmonton	280	151.20			151.20	
2017/03/16	Evaluation Visits Ryley, William, Forestburg	250	135.00			135.00	
2017/03/22	School Visits New Norway Hay Lakes	100	54.00			54.00	
2017/03/24	Funeral Rosalind	100	54.00			54.00	
		<b>942</b>					

Attach original receipts for expenses claimed

**TOTAL**

Signature \_\_\_\_\_

Supervisor \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
GST: _____	
ALLOWANCE	
Breakfast:	\$9.00
Lunch:	\$11.50
Dinner:	\$18.00