Form 115-1 170401

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: _____

School/Location: _____ **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
2017/03/30	Career Fair - Ryley	50	27.00			27.00	1-404-400-00-00-01
		50					

POSTED APR 07 2017 PAID APR 17 2017

Attach original receipts for expenses claimed **TOTAL** 535.68

OFFICE USE ONLY
Total GST:

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

Sign

Sup