Form 115-1

17098

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: September

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
2017/09/6-7	Meeting Alta Ed Red Deer	292	157.68			157.68	1.404.400.00.00.01

POSTED SEP 12 2017

PAID SEP 18 2017

Attach original receipts for expenses claimed **TOTAL** 157.68 G\

OFFICE USE ONLY
Total GST:

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