PORTAGE LA PRAIRIE SCHOOL DIVISION **DLD-E2**
Section D: Fiscal Management

File DLD-E2

PORTAGE LA PRAIRIE SCHOOL DIVISION
TRUSTEE EXPENSE CLAIM

NAME _____ MONTH _____ 20 _____

Date	Purpose/Location	Travel KM	Other Expenses

I certify the above information to be complete and accurate.

Date _____ Signature _____

For Office Use:
Travel Km _____ @ _____ = _____

Other _____ = _____ = _____

BT-05-02/11