



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 _____ = _____ = _____