



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 _____ = _____ = _____