

PRAIRIE SOUTH SCHOOL DIVISION No. 210 - PERSONAL EXPENSE CLAIM FORM

****PAYEE: Name: (pls print)** _____

Title/Position: _____

Address/Phone: _____

School or Department : Mortlach School Community Council

Please note: original receipts are required - debit confirmations, photocopies and/or fax copies are not acceptable

Date	Description of Claim	From:	To:	Return trip ✓	Distance travelled	Mileage rate	Mileage Claim (\$)	Breakfast	Dinner	Supper	Room Rent	Postage Phone	Other	Total
Mileage Account Code: 1 2 10 102 221 SOSO MORT 1000 (Centralized Exp.) Total														
Mileage Account Code: 1 2 10 102 077 SOSO SCCG MORT Total														
Meals Account Code: 1 2 10 102 077 SOSO SCCG MORT Total														
Accommodation Account Code: 1 2 10 102 077 SOSO SCCG MORT Total														
Account Code: 1 2 10 102 077 SOSO SCCG MORT Total														

Total for Claim

I certify that the foregoing is a true and correct statement of my expenses and the same were made on Prairie South School Division #210 business.

Principal Signature: _____

Decentralized
(Principal Approval required)

Authorized By Chairperson: _____

Centralized
(Superintendent/Manager approval required)