PVNC ~ OECTA Expense Report

(NOT for use in conjunction with PD subsidy form)

Please submit via Board courier, FAX (705 742 8599) or email office@pvncoecta.ca. Please print legibly

Name:_____Location: ____

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destination for kilometrage, name of meeting, etc.) please list kilometrage) please list kilometrage) Dinner \$35 Lunch \$25 Breakfast \$20)	Date	Description	Travel	Accommodation	Meals	Other	
		kilometrage, name of meeting,			Lunch \$25		
Totals:	Totals:						
— • • • • •				Fc	or Office Use On		
	(if applicable)				Approved by:		
Less advance: For Office Use Only: Approved by:	Claim:				Cheque No.		
(if applicable) Claim: Approved by: Amount: Cheque No.	Signature			Da De	ate: epartment:		

effective 2023 08 21

(all claimed expenses, except kilometrage, <u>MUST</u> be accompanied by proper receipts)

Date: