Please submit your expense claim on a monthly basis

TRUSTEE INDEMNITY AND EXPENSE CLAIM

Name

DATE	DETAIL	TIME	WITHIN OR OUTSIDE DIVISION - CHECK ONE IN	OUT	Km	FOOD, LODGING, INCIDENTALS	INDEMNITY
		TOTALS			0	$ 0.00	$ 0.00
		Km X .41¢ =			$ 0.00		

I certify that this is a true and correct statement of my indemnity earned and/or expenses incurred while engaged in authorized business of the school division.

DATE: _____

TRUSTEE SIGNATURE: _____

PLEASE DEDUCT THE FOLLOWING AMOUNT AND FORWARD TO THE FORT LA BOSSE SCHOOL DIVISION FOUNDATION INC.	**$**

FOR OFFICE USE ONLY

APPROVAL

ACCOUNT	AMOUNT TAXABLE	NON-TAXABLE
312.510	$	$
541.510	$	$
544.510	$	$
1.128.99	($)	