FRONTIER SCHOOL DIVISION
Excellence and Experience in Education

Support Staff
STATEMENT OF EXPENSE

Please Attach All Receipts

VENDOR

Office Use Only

Mileage Rates	S.50	Meals	Breakfast: $11.50 Lunch: $16.00 Supper: $30.00	Room $50.00
	N.55			

Name: _____

Street: _____ City: _____ Postal Code: _____

Meeting: _____

Date	Description	Brkfst	Lunch	Supper	Room	Other Exp.	Mileage	Rate	Amount	Total
	Total All Columns									

Charge Account:	Amount:

Charge Account:	Amount:

Employee Signature

Approved By