Conference
French Immersion in Manitoba
March 18, 2011

NAME OF SCHOOL DIVISION _____

ADDRESS _____

_____

Particulars	Cost Element	Amount
Name of Participant **Airfare** (*attach receipt*) _____ _____	7313100	
Name of Participant **Private Mileage** Distance in Kilometres _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Total kilometres _____ x .40 Total _____	7312400	
Name of Participant **Hotel** (*attach receipt*) _____ _____ _____ _____ _____ _____	7812000	
	Total	

I hereby certify that the above expenditures are correct and just in all respects and incurred by people in the School division stated above.

Signature of Superintendent: _____

Send the form with all receipts <u>no later than March 31, 2011</u> to:
Maude Plourde (French Immersion Conference) 309-1181 Portage Avenue, MB R3G 0T3

FOR DEPARTMENTAL USE ONLY	Cost Centre
Approved and/or Certified Services Performed Date: _____ Signature: _____ SAP DOCUMENT # _____ GRIR # _____	