Conference French Immersion in Manitoba February 6, 2009

NAME OF SCHOOL DIVISION

ADDRESS

Particulars		Cost Element	Amount
Name of Participant	Airfare (attach receipt)		
		7313100	
Name of Participant	Private Mileage Distance in Kilometres	7312400	
	x .441		
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 to: Danielle Parent (French Immersion Conference) 309-1181 Portage Avenue, MB R3G 0T3

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