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**	
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
Total kilometres _____ x .397			
Total _____			
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 **Approved and/or Certified Services Performed** Date: _____ Signature: _____ SAP DOCUMENT # _____ GRIR # _____	**Cost Centre** _____