

PRINCIPAL MEETING EXPENSES

NAME	
SCHOOL	
PURPOSE OF TRAVEL	
LOCATION	
DATES	

TRAVEL (based on mileage rate for your school; or gas receipts)	\$
ACCOMMODATION	\$
MEALS	\$
OTHER	\$
TOTAL	\$

COMMENTS: please explain what other above is for your school

--

Please send to:
Art Therrien
Catholic Pastoral Centre
3665 Benvoulin Road, Kelowna, BC V1W 4M7
superintendent@cisnd.ca **Fax: 1-866-964-3858**
Thank you!
