

### PRINCIPAL MEETING EXPENSES

NAME	
SCHOOL	
PURPOSE OF TRAVEL	
LOCATION	
DATES	

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

**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](mailto:superintendent@cisnd.ca) Fax: 1-866-964-3858  
Thank you!

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