NORTHEASTERN CATHOLIC DISTRICT SCHOOL BOARD
101 SPRUCE NORTH TIMMINS, ONTARIO TEL:(705-268-7443) FAX:(705-267-3590)

VISA PURCHASE DETAILS

1. MEETINGS, ACCOMMODATIONS, MEALS

DATE (mm/dd/yyyy)	NAME OF RECEIPT	DESCRIPTION	AMOUNT	ACCOUNT NUMBER

2. MEALS

DATE (mm/dd/yyyy)	NAME OF RECEIPT	DESCRIPTION	AMOUNT	ACCOUNT NUMBER

3. OTHER (eg. gas, office supplies)

DATE (mm/dd/yyyy)	NAME OF RECEIPT	DESCRIPTION	AMOUNT	ACCOUNT NUMBER

NOTE: Under description give name of meeting attended and for meals include name of person(s) in attendance.

ALL RECEIPTS MUST BE ATTACHED

CLAIMANT SIGNATURE _____ DATE _____ APPROVED BY_____

Please forward to Accounts Payable at the Timmins Board Office