

EASTERN SCHOOL DISTRICT
TRUSTEE EXPENSE FORM FOR THE MONTH OF _____ 20____

DATE OF MEETING	PURPOSE OF MEETING	KILOMETRES	HONORARIUM	OFFICE USE ONLY (Account Code)

TOTAL KILOMETRES _____

TOTAL HONORARIUM _____

OTHER EXPENSES: _____
 (attach receipts
 whenever possible) _____

TOTAL \$ _____

I certify that the above is a true and accurate statement of the expenses incurred by me during the month of _____ 20____.

 SIGNATURE

 ADDRESS

APPROVAL _____
 Signature of Chairperson

It is the responsibility of the trustee claiming a transportation allowance to carry insurance for \$1,000,000 against liability for bodily injury and property damage. It is the responsibility of the trustee to advise his or her public liability insurer that his or her vehicle is being used for business purposes.

Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for purposes of trustee remuneration and will be used for purposes of school board operations and administration. If you have any questions about this collection of personal information, you may contact the FOIPP coordinator at the Eastern School District, 234 Shakespeare Drive, Stratford, PE (by mail: PO Box 8600, Charlottetown, PE C1A 8V7), Telephone: 902.368.6990.

