

[Insert name of Classified Agency]  
Expenses for the Month(s) of [enter month or months]

December 2018

Name	Position	Purpose	Start Date	End Date	Destination	Attendees	Other Attendees	Air Fare	Other Transportation	Accommodation	Meals	Incidentals	SUBTOTAL	Hospitality	Other Expenses	TOTAL
Nom	Titre	But	Date de debut	Date de fin	Destination	Participants	Autres participants	Tarfit aerien	Autre mode de transport	Hebergement	Repas	Frais accessoires	TOTAL PARTIEL	Accueil	Autres depenses	TOTAL
Tom Laughren	Commissioner	Attend Board meeting	2018-12-14	2018-12-14	North Bay				307.50				307.50			307.50
Gaetan Mallette	Commissioner	Attend Board meeting	2018-12-13	2018-12-14	North Bay				335.38	157.07			492.45			492.45