CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

VISA CARD SUBMISSION FORM

Card Holder: _____ For the month of: _____

Date	Supplier / Place of Purchase	Description of Expense	Total Amount	HST Included	PD Related Exp. 32 000 317 0000 6	Meals 32 000 364 0000 6	Supplies 32 000 410 0000 6	Other (enter code)
Total Expenditures (equals current statement)								

Card Holder's Signature _____ Date: _____

Approval Signature _____ Date: _____

Attach completed form with detailed receipts to the Visa Statement copy and return to the Accounting Department in Kemptville.