



Quarterly Ministerial Business Expense Form

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|----------------------------------|----------------------------------|
| Payee Name _____ | Date (dd/mth/yy) _____ |
| Address _____ | Invoice Number _____ |
| _____ | Amount _____ |
| _____ | Quarter Ending (dd/mth/yy) _____ |
| Postal Code _____ | Payee Site _____ |
| Public Accounts Payee Name _____ | |

| Date (dd/mth/yy) | Event | Purpose of Event/Business Conducted | Key Guest | Amount |
|---------------------|-------|--|-----------|--------|
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All charges are fair, just and were incurred on Government business Total

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Minister

Premier's Signature - required when the total claim in one quarter exceeds \$300.00

Description: first 45 characters will be displayed on the cheque or advice stub.

For Accounting Use Only

| Entity (3) | Program (5) | Organization (6) | Natural Account (6) | Location (4) | Project (6) | Amount |
|---------------|----------------|---------------------|------------------------|-----------------|----------------|--------|
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