



Quarterly Legislative Secretary Business Expense Form

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

All charges are fair, just and were incurred on Government business Total

 Legislative Secretary Minister Premier's Signature - required when the total claim in one quarter exceeds \$150.00

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