



Quarterly Ministerial 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

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