

Christ the Teacher Catholic Schools

Office Tel (306): _____
Office Fax (306): _____

Facility Rental Expense Report

Name of Organization:		
Address of Organization:	Street:	
	City, Province:	
	Postal Code:	
Date & Time of Requested Booking	Date	Time
Type of Event		
Rental Classification		

Position	Name of Employee	Date Worked	Hours (min. 3)
Caretaker # 1			
Caretaker # 2			
Caretaker # 3			

Division Office Use Only	
Rate of Pay	Total

Signature of Principal

Date