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**NOTE DE FRAIS – SUPERVISION**

**Session : Automne** **[ ]  hiver** **[ ]**

**20**

**PERSONNE SUPERVISEURE** :

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| Nom  |       | Prénom  |       |
| Adresse  |       | Ville  |       |
| Code postal  |       | Matricule  |       |

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| **Date****(jj/mm)** | **Intervention réalisée****ex : rencontre direction** | **Nom de la personne stagiaire** | **Adresse de départ** | **Adresse de destination** | **Aller / Retour** | **Distance** |
|       |       |       |       |       |[ ]   |
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| **Date****(jj/mm)** | **Intervention réalisée****ex : rencontre direction** | **Nom de la personne stagiaire** | **Adresse de départ** | **Adresse de destination** | **Aller / Retour** | **Distance** |
|       |       |       |       |       |[ ]   |
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| RÉSERVÉ À L’ADMINISTRATION |
| Frais stationnement |       |
| Frais de repas (reçu) |       |

Signature :      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_