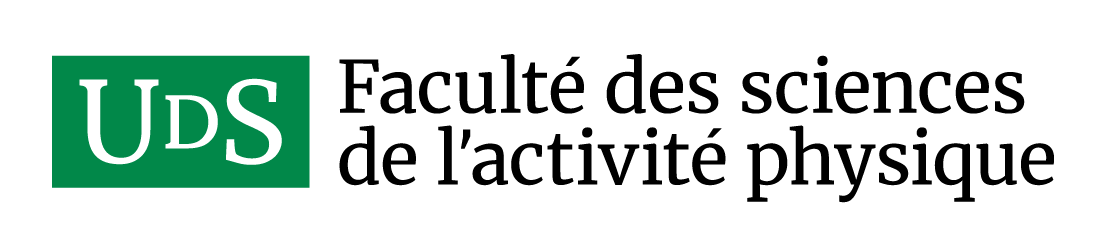
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**NOTE DE FRAIS – SUPERVISION**

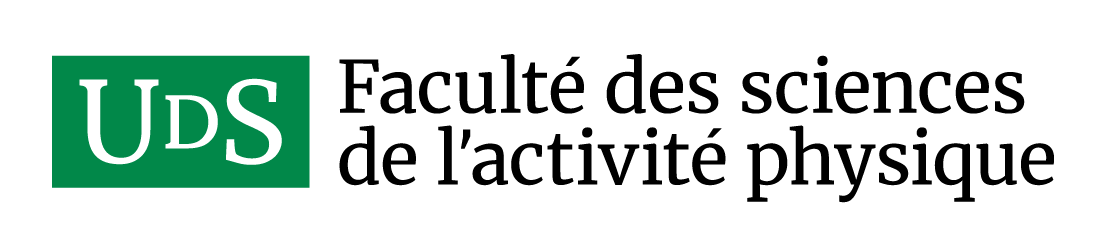
**Session : Automne**  **hiver**

**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 :      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_