

V.I.W. C.U.P.E. Local 2769 - Professional Development Committee

Professional Development Expense Claim Summary

Member Name: _____ Worksite: _____
 Home Address: _____ Phone: _____
 Name of Activity : _____ Date: _____

Summary of Expenses Incurred: Attach all receipts

Registration Fee: _____ \$
Use of personal vehicle : mileage
 from: _____ to: _____ total KM _____
 multiply total KM by .50 \$ _____
 Return trip \$ _____

Use of Public carrier: Bus, Airplane, Ferry or Taxi

To : _____ From: _____ \$ _____
 To : _____ From: _____ \$ _____
 To : _____ From: _____ \$ _____
 To : _____ From: _____ \$ _____
 To : _____ From: _____ \$ _____

Accomodation :

_____ nights @ \$ _____ per night including taxes \$ _____

Meals: Per diem # _____ X 1/2 day \$43.00 \$ _____
 # _____ X full day \$86.00 \$ _____

Where all meals are inclusive: # of days _____ X \$17.00 \$ _____

Total: \$ _____
 less Advance \$ _____
Total of Claim : \$ _____

I certify the above information to be true and accurate.

Member signature: _____ Date submitted : _____

Pro-D Chairperson signature / approval : _____ Date: _____

Second approval provided by : _____ Date: _____

CUPE Local 2769 Treasurer signature : _____ Date: _____

Cheque # _____ Amount: _____