



CUPE Local 2769
 PO Box 105
 Gold River, BC V0P1G0
president2769@viw.sd84.bc.ca

Professional Development Expense Claim

Member Name: _____ Worksite: _____

Home Address: _____ Phone: _____

Name of Activity: _____ Date: _____

Summary of Expenses Incurred: (Please attach all receipts)

Registration Fee: \$ _____

Use of personal vehicle mileage:

From: _____ To: _____ KM's @ .54 = \$ _____

And return \$ _____

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

From: _____ To: _____ \$ _____

From: _____ To: _____ \$ _____

From: _____ To: _____ \$ _____

From: _____ To: _____ \$ _____

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

Meals: Per diem _____ X 1/2 days \$43.00 \$ _____

_____ X full day \$86.00 \$ _____

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

Total: \$ _____

less Advance \$ _____

Total Claim: \$ _____

I certify the above information to be true and accurate.

Member signature: _____ Date submitted: _____

Pro-D Chairperson approval _____ Date: _____

Second approval provided by: _____ Date: _____

CUPE Local 2769 Treasurer signature: _____ Date: _____

Cheque #Amount: _____