



PROFESSIONAL DEVELOPMENT EXPENSE FORM

JOINT PROFESSIONAL DEVELOPMENT COMMITTEE
SCHOOL DISTRICT #84 AND CUPE LOCAL 2769



Name:

School Location:

Home Address:

Phone:

Activity:

Date of Activity:

Location of Activity:

Date Submitted:

SUMMARY OF EXPENSES INCURRED: (Please attach all receipts)

Registration Fee:

\$

Use of personal vehicle mileage:

From: To: KM's @ 0.68 \$
Return: \$

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

| | | | | | |
|-------|----------------------|-----|----------------------|----|----------------------|
| From: | <input type="text"/> | To: | <input type="text"/> | \$ | <input type="text"/> |
| From: | <input type="text"/> | To: | <input type="text"/> | \$ | <input type="text"/> |
| From: | <input type="text"/> | To: | <input type="text"/> | \$ | <input type="text"/> |
| From: | <input type="text"/> | To: | <input type="text"/> | \$ | <input type="text"/> |

Accommodation: nights @ per night including taxes \$

Meals: Per diem X 1/2 day(s) \$43.00 \$
 X full day(s) \$86.00 \$

Where all meals are inclusive: X day(s) \$17.00 \$

Total: \$

Less Advance: \$

Total Claim: \$

I certify the above information to be true and accurate.

Member Signature: _____