



# 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 @ 0.72 \$   
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) \$51.00 \$   
 X full day(s) \$102.00 \$

Where all meals are inclusive:  X day(s) \$20.00 \$

Total: \$

Less Advance: \$

Total Claim: \$

I certify the above information to be true and accurate.

Member Signature: