

# PROFESSIONAL EXPENSES REIMBURSEMENT FORM

**PLEASE PRINT**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

STAFF REP.: \_\_\_\_\_

TO WHOM CHEQUE IS MADE PAYABLE: \_\_\_\_\_  
(if different from above)

Place an  in all months of continuous employment with Battle River School Division #31.

2011	-----										2012	-----		
March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If you were assigned to another school in the division *prior to the 2011/2012 school term*, please give the name of the School below:

SCHOOL: \_\_\_\_\_

**Dues collected March 1, 2011 to February 29, 2012:**

\$25 per month

x \_\_\_\_\_ # of months employed (with Battle River School Divison #31)

**\$**  **AMOUNT CLAIMED**

**LESS**      **\$ 78.00** (Convention Registration Fee and G.S.T.)

**\$**  **AMOUNT OF REIMBURSEMENT**

\_\_\_\_\_  
**YOU MUST SIGN YOUR NAME HERE**

**NOTE: REVENUE CANADA MAY REQUEST RECEIPTS TO VERIFY THIS CLAIM FOR PROFESSIONAL EXPENSES**

All claims are to be sent to c/o **Heather Myck, Battle River Local Treasurer**, Ecole Sifton School  
before **JANUARY 31, 2012**