

BATTLE RIVER LOCAL #32 PROFESSIONAL DEVELOPMENT

CONFERENCE CLAIM FORM



Title of Conference \_\_\_\_\_

Location of Conference \_\_\_\_\_

Date of Conference \_\_\_\_\_

Expenses Claimed

1. Attach ALL Receipts.
2. If you are only claiming mileage, please attach a copy of your Conference or Workshop receipt for confirmation of attendance.
3. If you shared accommodation, please note with whom you were sharing.
4. Submit one form for each individual workshop or conference. DO NOT combine them.
5. Only claims for workshops held between June 15<sup>th</sup> of one year and June 15<sup>th</sup> of the following year will be processed.
6. Late claims Will NOT be considered.

Transportation \_\_\_\_\_ km @ \$0.52 / km \_\_\_\_\_

Registration Fee \_\_\_\_\_

Accommodation \_\_\_\_\_

Meals \_\_\_\_\_

Parking \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Sub Total \_\_\_\_\_

LESS amount paid by school and/or other **—** \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

Amount Requested from PD Fund \_\_\_\_\_

(Maximum Claim \$200/person/year)

Name of Claimant (Please Print): \_\_\_\_\_

School: \_\_\_\_\_

Address to where cheque is to be sent: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Please submit your completed form and the attached receipts to the PD Treasurer (Heather Myck, Ecole Sifton School) BEFORE June 15<sup>th</sup>. NO Claims will be accepted after the 15<sup>th</sup> of June.