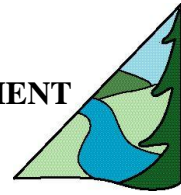


BATTLE RIVER LOCAL #32 PROFESSIONAL DEVELOPMENT



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 15th of one year and June 15th 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 \$300/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 15th. NO Claims will be accepted after the 15th of June.