



#3, 1915 - 32nd Avenue N.E.
 Calgary, Alberta
 T2E 7C8

Phone: 403.242.7555, ext. #3
 Staff Development Fax: 403.203.1716

STAFF DEVELOPMENT - PSS - EXPENSE REPORT

NAME: _____ DATE: _____

WORKSITE: _____

HOME ADDRESS: _____
 (Summer Courses: Please complete home address for mailing reimbursement)

NAME OF COURSE, CONFERENCE OR SEMINAR: _____

ACTIVITY START DATE: _____ END DATE: _____

In connection with this Course, Conference/Seminar, I certify that I incurred the following expenses:

- | | |
|---|----------|
| 1. Economy air fare or rail/bus fare: | \$ _____ |
| 2. Local transportation (taxis/buses): | \$ _____ |
| 3. Use of automobile. If travelling in someone else's car, pro-rated costs for gas apply: | \$ _____ |
| 4. Hotel accommodation: | \$ _____ |
| 5. Meals: | \$ _____ |
| 6. Registration Fee: | \$ _____ |

TOTAL EXPENSES INCURRED: \$ _____

- TO ENSURE PROMPT PAYMENT OF THIS CLAIM, PLEASE ATTACH **ORIGINAL RECEIPT**. (CREDIT CARD RECEIPTS ARE NOT ACCEPTED).
- **REIMBURSEMENT OF EXPENSES WILL NOT BE MADE AFTER 30 DAYS FROM THE COMPLETION DATE OF THE APPROVED ACTIVITY.**

APPLICANTS SIGNATURE: _____

Please return to: CBE Staff Association, Staff Development Office at the above noted address, or send through the CBE inter-school mail.