



**STAFF DEVELOPMENT – PSS EXPENSE REPORT**

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

WORKSITE: \_\_\_\_\_

NAME OF CONFERENCE/SEMINAR: \_\_\_\_\_

COMMENCE ACTIVITY: \_\_\_\_\_ COMPLETION DATE : \_\_\_\_\_

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

1. Economy air fare or rail/bus fare: \$ \_\_\_\_\_
2. Local transportation (taxi, 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,  
#3, 1915 - 32 Avenue NE.  
Calgary, Alberta T2E 7C8  
Phone: 242-7555 EXT.3 Fax: 203-1716

Can also be sent through the CBE inter-school mail