

STAFF DEVELOPMENT – SUPPORT STAFF - 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: _____ ACTIVITY END DATE: _____

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

- | | |
|---|----------|
| 1. REGISTRATION FEE/COURSE FEE: | \$ _____ |
| 2. HOTEL (max. \$100/Cdn. per day includes taxes & GST):
(Out of town expenses only) | \$ _____ |
| 3. MEALS (max. \$50/Cdn. per day includes taxes & GST):
(Out of town expenses only) | \$ _____ |
| 4. SUBSTITUTE: | \$ _____ |
| TOTAL EXPENSES: | \$ _____ |

- TO ENSURE PROMPT PAYMENT OF THIS CLAIM, PLEASE ATTACH RECEIPTS. **(CREDIT CARD RECEIPTS ARE NOT ACCEPTABLE)**. ALSO INCLUDE A PHOTOCOPY OF YOUR **ATTENDANCE RECORD, OR COPY OF CERTIFICATE**.
- **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.