



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

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

**STAFF DEVELOPMENT - SUPPORT STAFF GROUP
EXPENSE REPORT**

Date: _____

Worksite Name: _____

Contact Name: _____

Phone Number: (403) _____ Fax Number: (403) _____

Location of Activity: _____

Date of Activity: _____

In connection with this Activity, I certify that we incurred the following expenses:

ACTIVITY FEE:	\$ _____
OTHER EXPENSES:	\$ _____
TOTAL EXPENSES:	\$ _____

TO ENSURE PROMPT PAYMENT OF THIS CLAIM, PLEASE ATTACH THE **ORIGINAL RECEIPT TO COVER ALL EXPENSES INCURRED (CREDIT CARD RECEIPTS ARE NOT ACCEPTABLE).**

REIMBURSEMENT OF EXPENSES WILL NOT BE MADE AFTER 30 DAYS FROM THE COMPLETION DATE OF THE APPROVED ACTIVITY.

Contacts Signature: _____

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