



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

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

WORKSITE CONTACT: \_\_\_\_\_ WORKSITE PHONE \_\_\_\_\_

LOCATION OF ACTIVITY: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_

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

<b>ACTIVITY FEE:</b>	\$ _____
<b>OTHER EXPENSES:</b>	\$ _____
<b>TOTAL EXPENSES:</b>	\$ _____

TO ENSURE PROMPT PAYMENT OF THIS CLAIM, PLEASE ATTACH **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.**

CONTACT'S 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