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PROFESSIONAL DEVELOPMENT SUBSIDY
CONFERENCES / WORKSHOPS / SEMINARS / AQ

EXPENSE CLAIM FORM

NAME: _____ WORKPLACE: _____

NAME OF CONFERENCE/WORKSHOP _____

LOCATION _____ DATE(S) ATTENDED _____

EXPENSES:

Registration \$ _____

Travel (air, bus, train, car @ \$0.40 per kilometer) \$ _____

Accommodation \$ _____

Meals (\$10 breakfast, \$15 lunch, \$35 dinner) \$ _____

Child/Dependant Care \$ _____

Other (please specify) \$ _____

TOTAL CLAIM (maximum \$150 per year) \$ _____

* Please attach original receipts for all expenses except mileage

Date Submitted _____ Signature _____

FOR OFFICE USE ONLY

Date received _____ Amount approved _____

Signature of President _____

Date cheque issued _____

Signature of Treasurer _____