

The original signed copy of this form must be forwarded to the PD Committee. **Faxes will not be accepted.**

South Shore Regional NSTU Article 60 Professional Development Fund Expense Claim – NSTU Professional Association Conference (October Conference Day)

Completed expense claims must be **received at Regional Office** by 4:30 PM on the 3rd Tuesday following October Conference Day.
LATE CLAIMS WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.

Name		Professional Number
Civic Address		
Primary Work Location	Contract Status (Permanent, Probationary, Term, or Long Term Sub)	
Current Assignment	Work Related Email Address	
Professional Association Conference Attended	Participation Location	

Travel Information (meterage claim)

Distance from home to school (one way)	km	(a)
Distance from home to participation location (one way)	km	(b)
Claimable distance (one way)	km	(c) = (b) – (a)
Claimable distance (round trip)	km	(d) = 2 × (c)

This form must be accompanied by original receipts, in claimant's name as outlined in the Expense Information section below.

Expense Information

Registration (receipt in name of claimant required)	\$	Only the official receipt issued by the Professional Association at the Conference will be accepted.
Meal (no receipts required)	LUNCH \$15	
Travel by car (meterage claim)	km \$	\$0.4615 per km for claimable distance (d) above
Other Conference Expenses (Please provide rationale and required receipts/documents.)	\$	
TOTAL	\$	

By signing below, I certify that I attended this conference and that all expenses included were incurred by me.

Applicant's Signature	Date
-----------------------	------

Approval

PD Co-Chair's Signature					Date		
Explanation	GL	Fund Center	Fund	FA	Vendor Number	Amount	Tx Cd
NSTU Conference	814100	68100520	1032	2100580000			I4