

The original signed copy of this form with original supporting documents must be submitted to the PD Committee at the SSRCE Regional Office. **Fax and email 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 date posted on the NSTU PD Committee section of the Regional Centre's website.**
- **LATE CLAIMS WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.**
- This form must be accompanied by **original receipts**, in **claimant's name** as outlined in the Expense Information section below.
- Please note this expense claim form is for NSTU/PSAANS sanctioned conferences only. Any other conferences attended on this conference day must have prior approval under the NSTU Conference Grants Application and Guidelines.

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

Expense Information		
Registration	Association Receipts Required – must be in name of claimant.	\$
Lodging	Original Receipts required – must be in name of claimant. Maximum \$150/night Refer to Guidelines on eligible distance and amounts.	\$
Meals	Maximum \$45 per day (Breakfast \$10, Lunch \$15, Dinner \$20) for meals not included in registration. Refer to Guidelines on eligible amounts.	\$
Parking	Original Receipts Required Maximum \$30 per day	\$
Travel by car	Meterage Claim (d) at \$0.5770 per km. For claimable distance see Travel Information calculation above.	km \$
Other Travel	Original Receipts Required – i.e. taxi, Uber, etc.	\$
Transportation Tolls	Original Receipts Required <i>over \$15.</i>	\$
Other	Please Explain:	\$
Total		\$

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

Applicant's Signature	Date
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PD Committee Approval							
PD Co-Chair's Signature						Date	
Explanation	GL	Fund Center	Fund	FA	Vendor Number	Amount	Tx Cd
NSTU Conference	814100	68100520	1032	2100580000			14