| 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 – Conference Grant**

| 1. *Completed expense claims must be received at the Regional Office within* ***60 days*** *of conference dates* 2. *The claim* ***must*** *be submitted with* ***original receipts****,* ***in claimant’s name, vendor number and letter of approval.*** 3. *NOTE: This form will not be used for the annual NSTU Conference Day.* | Approval letter❑  Original receipts (in applicant’s name) ❑  Vendor number ❑  Maximum $3500 allowable every 2 school years |
| --- | --- |

| Name | Vendor Number |
| --- | --- |
| Civic Address | |
| Primary Work Location | Email Address |
| Conference Name | Conference Dates |
| Conference Website | |

| **Travel Information** (Travel expenses, lodging and meals are not applicable for Online Learning) | | |
| --- | --- | --- |
| Distance from home to school (one way) | (a) | km |
| Distance from home to conference address or airport if applicable (one way) | (b) | km |
| Claimable distance (one way) | (b) – (a) = (c) | km |
| **Claimable distance (round trip)** | 2 × (c) = **(d)** | km |

| **Expense Information – Paid as per SSRCE Policy 520 – Staff Travel and Expenses** | | | |
| --- | --- | --- | --- |
| **Registration** | **Original Receipts Required – must be in the name of claimant.** See Guidelines for USD. | $ | |
| **Lodging** | **Original Receipts Required – must be in the name of the claimant. Maximum $250/night** . Conference location (address) must be at least 75 km from the claimant's residence. Not applicable for online learning. | $ | |
| **Meals** | ***No* receipts required**. **Maximum $45 per day** (Breakfast $10, Lunch $15, Dinner $20) for meals not included in registration. Not applicable for online learning. | $ | |
| **Parking** | **Original Receipts Required**. Maximum $40 per day. Not applicable for online learning. | $ | |
| **Travel by car** | Meterage Claim **(d)** at $0.5932 per km. **For claimable distance** see Travel Information calculation above. | km | $ |
| **Other** | **Original Receipts Required** – i.e. taxi, Uber, etc. | $ | |

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

| Applicant’s Signature | | | | Date | | |
| --- | --- | --- | --- | --- | --- | --- |
| **PD Committee Approval** ❑ Received ❑ Processed ❑ Held | | | | | | |
| PD Co-Chair’s Signature | | | | Date | | |
| **Explanation** | **GL Cost Center** | **Fund** | **FA** | **Vendor Number** | **Amount** | **Tx Cd** |
| **Within Maritimes/Online Learning** | 814200 68100520 | 1032 | 2100580000 |  |  | I4 |
| **Outside Maritimes** | 814150 68100520 | 1032 | 2100580000 |  |  | I4 |

Valid from August 1, 2025 – July 31, 2026