| 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