| 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 – Teacher or School Initiated In-Service**

• Completed expense claims must be received at Regional Office within **60 days** of the end of the in-service. • **This form must be accompanied by** original receipts in claimant’s name as outlined in the Expense

Information section below.

| Name  | Professional Number |
| --- | --- |
| Civic Address |
| Primary Work Location  | **Contract Status**: Permanent, Probationary, or Term *(Long-Term Substitutes are not eligible)* |
| Current Assignment  | Work Related Email Address |
| In-Service Theme/Name  | # of Teachers  | # of Subs Required |
| In-Service Dates  | In-Service Address |
| Other Schools Participating |

| Expenses  | Notes |  |
| --- | --- | --- |
| Presenter’s Honorarium or Gifts  | Either an honorarium or gift can be claimed  | $ |
| Presenter’s Travel  | $0.5932 per km or actual expenses for other modes of travel  | km  | $ |
| Presenter’s Meals  | Maximum $45 per day (Breakfast $10, Lunch $15, Dinner $20)  | $ |
| Presenter’s Lodging  | Maximum $150 per night  | $ |
| Other allowed expenses  | Please attach original receipts  | $ |
| Total Costs  | Guideline expense limit of $1500.00  | $ |
| **Substitute Days for Organizers**  | **days** |

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

| **Claimant’s Signature**  | **Date** |
| --- | --- |

| **PD Committee Approval** ❑ Received ❑ Processed ❑ Held |
| --- |
| **PD Co-Chair’s Signature**  | **Date** |
| **Explanation**  | **GL Fund Center**  | **Fund**  | **FA**  | **Vendor #**  | **Amount**  | Tx Cd |
| Teacher Initiated Inservice | 814300 68100520  | **1032**  | **2100580000**  |  |  | **I4** |

Valid from August 1, 2025 – July 31, 2026