

Elementary Professional Development Fund  
2017-2018

**APPLICANT EXPENSE CLAIM FORM**

APPLICANT: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ REFERENCE NUMBER: PA- \_\_\_\_\_  
 HOME TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**NOTES:**

- The amount reimbursed to the applicant will be added to the amount paid to the school. Together these amounts may not exceed the total approved for expenses.
- The approved amount of the applicant claim will be included in the applicant's pay. This amount will appear as 'expenses' on the pay advice.

**Part A: Expenses paid by teacher for which the teacher is to be reimbursed**

- Attach ORIGINAL RECEIPTS **NOT** photocopies.
- For travel by car indicate the measured kms and claim at \$0.50 per km.

Date	Registration Fees	Approved Travel		Meals \$80 a day	Accommodation	Other Expenses	TOTAL \$
		# of KMS	\$				

NOTE: You must include detailed receipt for food vouchers; alcoholic beverages will not be reimbursed.

**Part B: Expenses paid by the School for which the school is to be reimbursed - DO NOT INCLUDE OCC. TEACHERS COSTS**

- Attach original receipts **NOT** photocopies.
- Please confirm with your school Office Administrator the school account budget number to be credited.  
Credit to school account budget number # \_\_\_\_\_

Note: Occasional Teacher costs will be claimed by the school principal on the Occasional Teacher Costs Claim Form emailed to the applicant by the Elem. PD Fund Administrator at the time the activity is approved.

Date	Registration Fees	Approved Travel		Meals \$80 a day	Accommodation	Sundry	TOTAL \$
		# of KMS	\$				

**Part C: TOTAL REIMBURSEMENT BEING CLAIMED:** (Applicant expenses plus School expenses) \$ \_\_\_\_\_

**NOTE TO APPLICANTS**

- Do not submit a claim for expenses paid by the Board.
- Do not enter a claim for expenses paid by the school for which the school is not to be reimbursed.
- Submit **original receipts** with claim for all professional courses, conference/workshop expenses except mileage.
- Submit **proof of course completion** with claim for reimbursement. A certificate/ statement/email from your professor stating that you have completed the course is sufficient proof.
- Send Claim Form and required documents by COURIER to: Dale Flood, Elementary PD Fund Administrator, Upper Canada District School Board, Brockville or email: dalefund@gmail.com.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

-----  
**EPD COMMITTEE USE ONLY**

\_\_\_\_\_  
Processed By

\$

\_\_\_\_\_  
Amount Approved

\_\_\_\_\_  
Date