

The original signed copy of this form must be forwarded to the PD Committee. **Faxes will not be accepted.**

South Shore Regional NSTU Article 60 Professional Development Fund Expense Claim – Teacher Initiated In-Service

*Completed expense claims must be received at Regional Office within **60 days** of the end of the in-service.*

| | | | |
|-----------------------------|--|--|--------------------|
| 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 Location | |
| Other Schools Participating | | | |

This form must be accompanied by original receipts, in claimant's name as outlined in the Expense Information section below.

Expenses

| | | | |
|---------------------------------|----|-------------|---|
| Presenter's Honorarium or Gifts | \$ | | Either an honorarium or gift can be claimed |
| Presenter's Travel | | km \$ | \$0..5113 per km or actual expenses for other modes of travel |
| Presenter's Meals | \$ | | Maximum \$45 per day (Breakfast \$10, Lunch \$15, Dinner \$20) |
| Presenter's Lodging | \$ | | Maximum \$150 per night |
| Nutrition Break | \$ | | \$3/attendee/day (when more than 1 school is participating) |
| Other allowed expenses | \$ | | Please attach receipts. |
| Total Costs | \$ | | Guideline expense limit of \$1000.00 (Additional funding of \$25 per teacher in excess of 20 attending the in-service.) |
| Substitute Days for Organizers | | days | |

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

Approval

| PD Co-Chair's Signature | | | | | Date | | |
|------------------------------|--------|-------------|------|------------|---------------|--------|-------|
| Explanation | GL | Fund Center | Fund | FA | Vendor Number | Amount | Tx Cd |
| In-Service-Teacher Initiated | 814300 | 68100520 | 1032 | 2100580000 | | | I4 |