

**CUPE Professional Development Fund
Expense Claim Form**

**To be submitted within two weeks of the completion of the Professional Activity.
The *Professional Activity Evaluation Form* must accompany this Form.**

Name: _____ Worksite: _____

Professional Activity Attended: _____

Date(s): _____

Name of Supply (if applicable): _____

***Please note * You will not be reimbursed for *any of your expenses* if you fail to provide the name of the supply staff person who covered for you**

Registration Fee: \$ _____

****Only registration expenses that are *supported by receipts* will be reimbursed.**** (Please attach receipts to this form.)

Distance Travelled (round trip): _____ kilometres
(Please note: Reimbursement will be at the current TLDSB rate to a maximum of \$100)

Other Expenses: \$ _____
(do not complete unless you have received prior approval- please describe expense and attach receipts)

Signature: _____ Date: _____

Please forward via E-mail OR Board Courier to: Secretary, CUPE PD Fund

Email: pdfund@cupe997.ca

Board Courier: c/o CUPE Local 997, Lindsay Board Office

Office Use Only:

Registration: \$ _____ Travel: \$ _____ Other: \$ _____

Total Reimbursement to Claimant: \$ _____

Supply Costs: \$ _____

Total charges to PD Fund: \$ _____

Authorizing Signatures:

Secretary, CUPE PD Fund: _____ Date: _____

President, CUPE Local 997: _____ Date: _____