

CUPE PG FUNDING EXPENSE CLAIM FORM

Date:			
Name:			
School or Facility:			
Telephone of School/Facility		Home Telephone	
Name of Conference/Workshop			
Date of Conference/Workshop		Number of days attended	

Declaration of Expenses:

Rates/Maximums		Actual Expenses (Employee to Complete) Not to exceed Maximums		Claimed:
All Inclusive Conference Fee				
Or the Maximum of:				
Conference Fee *	Maximums: \$500			
Accommodation *	\$200.00/night, 3 nights maximum			
Private Accommodation (no receipt)	\$50.00/night, 3 nights maximum			
Meals	B - \$ 13 X L - \$ 18 X S - \$ 28 X TOTAL MEALS	= = = =		
Alternative Transportation * or				
Parking				
Mileage	KM X /km	= Sub-total		
Less: Amount Paid by Other Source		Name:		
Total Claim:				

*** Receipts required for Conference Fees, Accommodations and Alternative Transportation Only**

Mileage paid at GYPSD Rate to a maximum of \$625

- Mileage and rate are as per Form 517-1
- Allowable mileage is calculated on a single return trip from regular workplace to the Conference site.
- Cost of alternative transportation will be covered to a maximum of \$150.00

Submit the CUPE PG Funding Expense Claim Form (Form 443-02), receipts and CUPE Professional Growth Reflection Form (Form 443-03) within 30 calendar days of

conference to the CUPE Chair of the CUPE Professional Growth Committee at

cupe1357pg@gypsd.ca

Certification:

I hereby certify that the whole of the expenditures were incurred as outlined by Administrative Procedure 443 and that amounts claimed have not previously been paid to me or on my behalf, nor have they been charged to a Division issued credit card, except as outline above.

Signature of Applicant

Date Received

ESC Authorization for Payment:

CUPE Chair of the CUPE Professional Growth Committee

Secretary Treasurer or Designate