

Huron-Superior Catholic District School Board



STATEMENT OF TRAVEL EXPENSES FOR PD APPROVED BY JOINT TEACHER/BOARD PD COMMITTEE

NAME:				NAME OF EVENT ATTENDED:					DATE OF EVENT		
POSITION:				HOTEL NAME (where staying):							
DATES	PARTICULARS	TRAVEL Mileage/Airfare/Other (.50 cents/km)		MEALS *Original DETAILED receipts required for reimbursement			ACCOMMODATIONS (X appropriate box)		OTHER	TOTAL	
		kms	AMOUNT	Breakfast \$15.00 max.	Lunch \$20.00 max.	Dinner \$30.00 max.	PAID (receipt attached)	PAID BY BOARD			
TOTAL											
DATE:			SIGNATURE:								

SUPERVISORY OFFICER'S SIGNATURE: _____

DATE: _____

ACCOUNT # _____

BOARD OFFICE USE ONLY

RECEIVED APPROVAL

BOARD TO INVOICE:

PLEASE NOTE: A brief report to the Director must be submitted within two weeks after the conference date. Presentation/sharing of information may be requested.