

**Secondary Teachers' Professional Development Fund**  
**Upper Canada District 26**  
**EXPENSE CLAIM FORM**  
 (Revised Dec. 2015)  
*Not Required for Credit Course Applications*

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School: \_\_\_\_\_ Application Reference Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 (Number, Street, Apt.) (City) (Province) (Postal Code)

**Part A – Expenses Paid by the Teacher (The amount the teacher is to be reimbursed by SPDF)**  
*Eligible expenses must be supported by **ORIGINAL RECEIPTS-NOT PHOTOCOPIES**. Receipts are not required to claim expenses associated with mileage. Approved expenses will be reimbursed with regular Board payroll deposits.*

Registration	\$			Accommodation	\$	
Travel	km	@ 0.45	\$	Plane/Train/Taxi Fares	\$	
Carpooling	km	@0.10	\$	Name of Passenger	_____	
Food	\$			Child Care	\$	
				<b>Total Payable to Teacher</b>	\$	

**Part B – Expenses Paid by the School (The amount the school is to be reimbursed by the SPDF)**  
*The school will be reimbursed for the amount supported by ORIGINAL receipts.*

Registration	\$			Accommodation	\$	
Travel	km	@ 0.45	\$	Other Fares	\$	
Carpooling	km	@0.10	\$	Name of Passenger	_____	
Food	\$			Child Care	\$	
				<b>Total Payable to School</b>	\$	

School account# \_\_\_\_\_ (see office administrator)

**TOTAL CLAIM AMOUNT: \$\_\_\_\_\_ (Total of Part A + Part B)**  
*(Max: \$650 Conferences/Workshops; \$200 Job Shadowing/In-Service; \$800 Innovative School Based Activities)*

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

**ALLOW AT LEAST EIGHT WEEKS TO PROCESS**  
**Send by Board Courier with original receipts to:**  
**OSSTF District Office**  
**Kemptville, ON**