

**Secondary Teachers' Professional Development
Fund Upper Canada District 26
EXPENSE CLAIM FORM**

(Revised Jan 2024)

Not Required for Credit Course Applications

Name: _____

Employee Number: _____

School: _____

Application Reference #: _____

Home Address: _____

City, Prov & 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: \$ _____ Food: \$ _____

Travel: _____ KM @ 0.64 = \$ _____

Train/Plane/Taxi Fares : \$ _____

Carpooling: _____ KM @ 0.74 = \$ _____

Name of Passenger: _____

Child Care (Receipt must be provided): \$ _____

Part B

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

Registration: \$ _____

Accommodation: \$ _____ Food: \$ _____

Travel: _____ KM @ 0.64 = \$ _____

Train/Plane/Taxi Fares : \$ _____

Carpooling: _____ KM @ 0.74 = \$ _____

Name of Passenger: _____

Child Care (Receipt must be provided): \$ _____

School account # (see your office administrator): _____

TOTAL CLAIM AMOUNT (Part A + Part B) \$ _____

(Max: \$800 Conferences/Workshops; \$250 Job Shadowing/In-Service; \$800 Innovative School Based Activities)

Employee Signature: _____

Date: _____

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