

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

(Revised Feb. 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**