

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	\$	
				Total Payable to Teacher	\$	

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	\$	
				Total Payable to School	\$	

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