



LETHBRIDGE SCHOOL DISTRICT NO. 51

SUPPORT STAFF PROFESSIONAL DEVELOPMENT

FUND REIMBURSEMENT FORM

NAME: _____ SCHOOL: _____

ACTIVITY: _____ LOCATION: _____

DATE OF ACTIVITY: From: _____ up to and including _____ Number of days: _____

Comments:

Substitute used? Yes: _____ No: _____ If yes, how many days? _____

EXPENSE DETAILS:

Registration: _____ = _____
 Travel: **Please refer to table on reverse** = _____
 Accommodation: _____ nights @ _____ = _____
 Subsistence: Breakfast @ \$ 8.00 x _____ = _____
 Lunch @ \$11.00 x _____ = _____
 Supper @ \$20.00 x _____ = _____
 TOTAL = _____

Receipt attached: Yes No (please circle)

Receipt attached: Yes No (please circle)

Receipt(s) attached: Yes No (please circle)

PLEASE READ AND COMPLETE:

All reimbursement claims must accompany a receipt. If any claim is unaccompanied by a receipt, only partial reimbursement will be given. Normally reimbursement claims will not be processed above approved amount. Reimbursement will be directly deposited on your behalf based on the banking information that has been provided to us for Payroll purposes.

Employee Signature

Date

REIMBURSEMENT CLAIM: FOR HR USE Date Received: _____

Total Amount Approved: = _____

Total Amount Requested for Reimbursement = _____

NOTICE TO APPLICANT

1. All staff must adhere to Lethbridge School District No. 51 policies while attending professional development activities. By signing this application you have read and understood policy 400.1 (guiding Principles) and policy 402.12 (Training and Development).
2. Applications must be sent to the Human Resources Department Administration **1 MONTH PRIOR** to the activity (may be sent by inter-school mail).

3. All receipts must be received **1 MONTH AFTER** the activity with a copy of the approved application.
4. **NO ADVANCES** will be made.
5. If, for some reason, your approved activity is cancelled or you cannot attend, please send written notification to the Human Resources Department immediately so that others may make use of the fund.
6. Employees may only be permitted to attend one PD Function per year if the budget allows.
7. This fund will not normally be used to support individuals to be absent from their duties for more than two days in a school year.

RATES ALLOWED

A. TRANSPORTATION:

Lethbridge – Medicine Hat (338km).....	\$170.69
Lethbridge – Calgary (410km).....	\$207.05
Lethbridge – Red Deer (704km).....	\$355.52
Lethbridge – Edmonton (1012km).....	\$511.06

B. MEALS: \$10.00/breakfast
\$15.00/lunch
\$20.00/supper

B. ACCOMMODATION: \$70.00/night – preferably shared

D. REGISTRATION: The amount required to attend the activity. Proof of registration is required which can include a receipt, cancelled cheque, statement, invoice, or credit card receipt.