



# 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:

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

#### EXPENSE DETAILS:

Registration: \_\_\_\_\_ = \_\_\_\_\_

Receipt attached: Yes No (please circle)

Travel: **Please refer to table on reverse** = \_\_\_\_\_

Accommodation: \_\_\_\_\_ nights @ \_\_\_\_\_ = \_\_\_\_\_

Receipt attached: Yes No (please circle)

Subsistence: Breakfast @ \$ 8.00 x \_\_\_\_\_ = \_\_\_\_\_

Lunch @ \$11.00 x \_\_\_\_\_ = \_\_\_\_\_

Supper @ \$20.00 x \_\_\_\_\_ = \_\_\_\_\_

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

**TOTAL** = \_\_\_\_\_

#### 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

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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).

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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.