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.

______________________________ Date

Employee Signature

REIMBURSEMENT CLAIM: FOR HR USE Date Received: _______________

Total Amount Approved: = ________________________________

Total Amount Requested for Reimbursement = ________________________________