



# 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: \_\_\_\_\_ = \_\_\_\_\_  
 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)

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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

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REIMBURSEMENT CLAIM:      FOR HR USE      Date Received: \_\_\_\_\_

Total Amount Approved:      =      \_\_\_\_\_

Total Amount Requested for Reimbursement      =      \_\_\_\_\_