

**STAFF DEVELOPMENT FUND
EXPENSE CLAIM 2018-2019**

Individual
(to a maximum of \$1,800
in a two year period)

Group
(to a maximum of \$1,000
per group member to
a total maximum of
\$5,000 per group)

Surname (Please Print)	Given Names (in full) underline name used	Name of Activity
School/DU	School Phone Number	Date(s) of Activity
Email Address	Alternate Contact Number	Location of Activity
Mailing Address (for reimbursement purposes)		
Street	City	Province
		Postal Code
For group activities, list the names of group members		

Total Amount of Funding Approved (through the application process) \$ _____

ELIGIBLE PERSONAL EXPENSES (See Staff Development Fund Guidelines)

All expenses must be listed in Canadian dollars. Expenses paid in another currency must be accompanied by documentation indicating the exchange rate as per the Bank of Canada, on the date that the expense was incurred. Please include receipts.

Conference or Activity Fee/Course Fee/Resource Cost (attach receipt) \$ _____

Travel

Airfare (attach itinerary and receipt) \$ _____

Private vehicle _____ km at \$0.505/km \$ _____

Total Travel Expenses \$ _____

Taxi/Airport Shuttle/Bus/Parking (attach receipts) \$ _____

Hotel Accommodation (attach receipt) \$ _____

Meals (per diem without receipts = \$47 CAD (\$10 breakfast; \$13.50 lunch; \$23.50 dinner)) \$ _____

Substitute Costs (attach supporting documentation related to Private Business Leave)

Date(s) _____

_____ x \$218 = \$ _____
Number of full days

_____ x \$132 = \$ _____
Number of half days

Total Substitute Costs \$ _____

TOTAL ELIGIBLE EXPENSES \$ _____

I confirm that the information provided above is true and accurate and that the expenses claimed are for the approved Staff Development Fund professional development activity/resource.

Signature

Date

The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta's Freedom of Information and Protection of Privacy Act for the purpose(s) noted above. If you have any questions about this application, please call 780-455-2164.

Submit to:
ATA, LOCAL 37
401, 11010 - 142 Street
Edmonton, AB T5N 2R1
Phone: 780-455-2164
Fax: 780-453-1407
Email: sdf@edpub.org

Total Expense Reimbursement Approved: \$ _____

Staff Development Fund Administrator **Date**