

SUNRISE TEACHERS ASSOCIATION

Contractual P.D. Expense Claim Form

Name: _____

Position / School: _____

Address: _____

Month / Year: _____

ATTACH ALL RECEIPTS (ORIGINALS ONLY)

PD APPROVED EXPENSES FORM NUMBER _____

NOTE: If converting US to Canadian funds, please provide daily exchange rate (ie credit card statement).

Date	Description	Amount (Canadian \$)	Account Number
	Substitute <small>(PLEASE INDICATE IN NEXT COLUMN - circle one)</small>	YES / NO	PD 17
	Registration		630-000-325-651
	Mileage (\$0.45/km)		630-000-325-651
	Ground Transport - Cab / Shuttle		630-000-325-651
	Travel - Air / Baggage, Train, Bus		630-000-325-651
	Accommodations		630-000-325-651
	Meals		630-000-325-651
	Child Care		630-000-325-651
	Parking		630-000-325-651
TOTAL		\$ -	

I hereby certify that the information stated above is a correct and accurate summary of expenses incurred during my Contractual Professional Development Activity.

Claimant Signature Date

Authorizing / Administrator's Signature Date

NOTE: THIS FORM MUST BE SENT WITH ALL RECEIPTS TO SUNRISE BUSINESS CENTER