

INDIVIDUAL PROFESSIONAL DEVELOPMENT CLAIM FORM

Use this form to claim reimbursement for pre-approved individual PD activities.

Name: _____

School: _____

Activity: _____

Dates: _____ # of TOC Days Used _____

| DATE | DETAIL | AMOUNT |
|------|---|--------|
| | Registration Fee: (only claim if not prepaid) | _____ |
| | <i>Claim all, attach receipt of payment proof.</i> | |
| | <i>PSA membership fee may be claimed if attending conf.</i> | |
| | # OF BREAKFASTS X \$14 | |
| | # OF LUNCHESES X \$16 | |
| | # OF DINNERS X \$26 | |
| | ACCOMM. NIGHTS Total | _____ |
| | <i>(\$30/night max. with friend, attach hotel receipt)</i> | |
| | TRAVEL: | |
| | MILEAGE (return) x .54/km | |
| | AIRPLANE (<i>submit receipt</i>) | _____ |
| | BUS OR TAXI (<i>submit receipt</i>) | _____ |
| | FERRY (<i>submit receipt</i>) | _____ |
| | PARKING (<i>submit receipt</i>) | _____ |
| | TOTAL INDIVIDUAL PROFESSIONAL DEVELOPMENT CLAIM | ===== |