

FORT LA BOSSE SCHOOL DIVISION

TITLE - PAYMENT TO STAFF FOR INSERVICE ACTIVITIES

POLICY - GCIF-E

Cross Reference -

Resolution # - 74/18

Legal Reference -

Last Reviewed - 23/04/18

**FORT LA BOSSE PROFESSIONAL DEVELOPMENT
EXPENSE VOUCHER**

ATTENTION: _____

Name of Applicant: _____

School: _____ Date of PD Session: _____

Name of Professional Development Session: _____

Location of PD Session: _____

Please submit a brief report of the PD session you attended: (if additional space is required, please submit report on a separate report and attach to this expense voucher)

Actual Costs: (To be completed within 7 days after PD Session with P.D. Session report attached.)

	AMOUNT:	ACCOUNT NUMBER:
Transportation: Mileage _____ X _____ = \$ _____ Km Rate (\$0.41 per km.)		
Registration: (Attach Receipt)	\$ _____	_____
Accommodation: (Attach Receipt)	\$ _____	_____
Meals: (Attach Receipt)	\$ _____	_____
TOTAL COST of this PD Session:	\$ _____	_____

Substitute Costs: Sub costs related to PD will be charged through Payroll to the appropriate school account.

CHECK IF SUBSTITUTE WAS NEEDED.

Verified by Applicant: _____ Date: _____

Verified by School PD Chair (if required): _____ Date: _____

APPROVED BY:
Principal: _____ Date: _____

School Division Administration: _____ Date: _____

(H:forms:PDExpenseVoucher2015)

