

**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.)

	<b>AMOUNT:</b>	<b>ACCOUNT NUMBER:</b>
Transportation: Mileage _____ X _____ = \$ _____		_____
Km                      Rate (\$0.45 per km.)		
<b>Registration: (Attach Receipt)</b>	\$ _____	_____
<b>Accommodation:(Attach Receipt)</b>	\$ _____	_____
<b>Meals:(Attach Receipt)</b>	\$ _____	_____
<b>TOTAL COST of this PD Session:</b>	\$ _____	_____

**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: \_\_\_\_\_