ADMINISTRATOR EXPENSE CLAIM (for pre-approved activities)

Administrator Information
Name:
School:
Substitute Teacher Name (if applicable):

Activity Information	
Date:	Location:
Name/Title:	

Expenses	Amount
Registration/Workshop Fee (Receipt required)	$
Accommodations (Receipt required)	$
Meals (As per HPSD rates)	$
Other:	$
Other:	$
Other:	$
Mileage (return distance from school to activity location: _____ km @ 0.55/km)	$

Administrator Signature:	Total Expenses	$

Office Use Only			
BUDGET CODES		Substitute Teacher Cost	$
		Total Cost of Leave	$
		Total Reimbursement to Administrator	$

Email/scan this expense claim, along with receipts, to pd@hpsd.ca at LSC within 30 days of the activity.
Late expense claims may not be approved.

Approval Signature	
HPSD Representative:	Date: