HPSD/LOCAL 62 TEACHER EXPENSE CLAIM (CATEGORY B *for pre-approved activities*)

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

Activity Information	
Date:	Location:
Name/Title:	

Expenses (maximum claim can be $250)	**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)	$

Teacher Signature:	Total Expense	$

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

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 Signatures	
HPSD/Local 62 Joint PD Committee Chair:	Date:
HPSD Central Office Representative:	Date: