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

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

Activity Information	
Date(s):	Location:
Name/Title:	

Teacher Claim with Receipts Attached	**Amount**
Registration/Workshop Fee: (Receipt required)	$
Accommodations: (Receipt required)	$
Number of Meals: Breakfast _____ x $13 Lunch _____ x $17 Supper _____ x $27	$
Mileage (return distance from school to activity location): _____ km @ _____ (Maximum allowable is 0.55/km)	$
Other: (Please provide details)	$
Total Expenses **(Line A)**	$

Signatures	
Teacher:	Date:
Category A Committee Member:	Date:
School Principal:	Date:

School Office Use Only	
Expenses Claimed by Teacher (Line A above)	$
Substitute Teacher Cost: As per current Collective Agreement (Actual) _____ full day(s) x $_____ and/or _____ half day(s) X $_____ (Line B)	$
Total Activity Expense (Line A plus Line B) = (Line C)	$
As set by your local PD committee, Total Expenses may not exceed = (Line D)	$
Maximum Reimbursement to Teacher (Line D minus Line B) = (Line E)	$
Total Reimbursement to Teacher (Lesser of Line A or Line E)	$
Category A Budget Code	