

**CUPE PG FUNDING EXPENSE CLAIM FORM**

Date:			
Name:			
School or Facility:			
Telephone of School/Facility		Home Telephone	
Name of Conference/Workshop			
Date of Conference/Workshop		Number of days attended	

Declaration of Expenses:

Rates/Maximums	Actual Expenses (Employee to Complete) Not to exceed Maximums	Claimed:
All Inclusive Conference Fee		
<b>Or the Maximum of:</b>		
Conference Fee *	Maximums: \$200	
Accommodation *	\$150.00/night, 3 nights maximum	
Private Accommodation (no receipt)	\$30.00/night, 3 nights maximum	
Meals	B - \$ 10 X	=
	L - \$ 14 X	=
	S - \$ 22 X	=
Alternative Transportation * or		
Parking		
Mileage	KM X /km	=
Less: Amount Paid by Other Source	Name:	
<b>Total Claim:</b>		

**\* Receipts required for Conference Fees, Accommodations and Alternative Transportation Only**

Mileage paid at GYPSD Rate to a maximum of \$625

- Mileage and rate are as per Form 517-1
- Allowable mileage is calculated on a single return trip from regular workplace to the Conference site.
- Cost of alternative transportation will be covered to a maximum of \$150.00

**Submit the CUPE PG Funding Expense Claim Form (Form 443-02), receipts and CUPE Professional Growth Reflection Form (Form 443-03) within 30 calendar days of conference to the CUPE Chair of the CUPE Professional Growth Committee at [cupe1357pg@gypsd.ca](mailto:cupe1357pg@gypsd.ca)**

**Certification:**

**I hereby certify that the whole of the expenditures were incurred as outlined by Administrative Procedure 443 and that amounts claimed have not previously been paid to me or on my behalf, nor have they been charged to a Division issued credit card, except as outline above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
CUPE Chair of the CUPE Professional Growth Committee

ESC Authorization for Payment:

\_\_\_\_\_  
Secretary Treasurer or Designate