

Administrative Procedure 443 Form 443-05

CLAIM FORM

School Project Department Project Area Project

SCHOOL/DEPARTMENT: _____

SCHOOL: Telephone: _____ Fax: _____

NAME OF PROJECT: _____

SUMMARY OF PROJECT:

Number of Participants: _____ **Date of Project:** _____

ITEMIZED DETAILED BUDGET: School, or Department or Area Project costs shall be paid by the school or department at the time of the project and, upon submission of a claim form (Form 443-5) and Professional Growth Reflection Sheet (Form 443-3) to the President of CUPE 1357 or designate, reimbursement shall occur.

(Attach copy of the AS400 budget account with expenses that have been paid, highlighted)

SPEAKER COSTS Fee: _____
Travel: _____
Substitute: _____

PROJECT SUPPLIES: (List Items)

OTHER COSTS: (List Items)

 Signature of Applicant

 Date Received

 ESC Authorization

Distribution: Chair PG Fund Committee, cupe1357pg@gypsd.ca