

Form 411 Professional Learning

Name: _____

Date Submitted: _____

Location (check one) Division FG HRHS SJ EST SM MT

Substitute No. of Days _____

Name and Location of Conference _____

(Please attach an agenda)

Date(s) of Conference _____

PD Opportunity Applicability (Reasons for attending)

Teacher **OR** Support Staff
Position: _____

Central Budget **OR** School Based Budget

<u>Expenses:</u> <i>Shared Travel and Lodging is expected when possible.</i>	<u>ANTICIPATED</u>	<u>ACTUAL</u>
CONFERENCE FEE *Only claim if registration was paid personally-attach receipt and method of payment		
PERSONAL VEHICLE MILEAGE \$0.47/km *Rates may change depending on fuel price		
MEAL ALLOWANCE (indicate # of meals) Breakfast = \$15.75x____ Lunch = \$15.75x____ Supper = \$31.50x____ \$63.00/day maximum		
LODGING # of Nights _____ *Hotel Receipts must be attached **\$25.00/night to be claimed if lodging is provided as a guest.		
OTHER (explain)		
TOTAL		

Payment Authorization: After the Conference, complete the column indicating the actual expense and return your copy to your principal/Deputy Director who will sign and submit for reimbursement.

PD Approved:

Employee's Signature

Principal's Signature

Superintendent Signature

Date of Approval

PD Approved for Payment:

Principal's Signature

Superintendent Signature*

Date of Approval

**Signature only required when expense is centrally funded*