

**Pembina Hills Local 22**  
 Professional Development Expense  
 ATA Specialist Council Conference  
 Claim Form 2019 - 2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Eligibility: \_\_\_\_\_  
 Once every three years.

Postal Code: \_\_\_\_\_

Conference Attended: \_\_\_\_\_

Location: \_\_\_\_\_

**Excluding mileage, receipts are required for all expenses.**

**Maximum Claim is \$400.00**

**Eligible Expenses**

**Amount**

● Registration fee .....	\$ _____
● Accommodation .....	\$ _____
● Subsistence/meals (\$30 half day, \$60 full day) .....	\$ _____
● Parking .....	\$ _____
● Other: _____ ....	\$ _____
● Travel: Total km x \$0.53 – based on MapQuest distance from home or school location (the closer) to event location (return)	\$ _____
Home location _____ Event location _____	\$ _____
TOTAL.....	\$ _____
	\$ _____

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Approved by PD Committee</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Signature:</b> _____
	<b>Yes</b>	<b>No</b>	<b>Date:</b> _____