



## Beginning Teachers' Conference Expense Claim

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

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

\_\_\_\_\_

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Conference Dates: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Your School: \_\_\_\_\_

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

### Accommodation

Hotel ..... \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

### Transportation

\$0.67 per km x \_\_\_\_\_ total distance ..... \$ \_\_\_\_\_  
(from home or school, return, which-ever is closer) .....

### Subsistence

Thursday and Friday Suppers – up to \$30.00 each ..... \$ \_\_\_\_\_

**Total Claim** \$ \_\_\_\_\_

**Claimant Signature:** \_\_\_\_\_

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

Please submit the completed claim form on or before October 31 (with receipts), by scanning and emailing to [karen.campbell@peminahills.ca](mailto:karen.campbell@peminahills.ca) or by land-mail to the address below.

Karen Campbell  
4511 - 55th Avenue  
Barrhead, AB  
T7N 1K7