Appendix A

District School Board Ontario North East
P.O. Box 1020
Timmins, Ontario P4N 7H7
Telephone (705) 360-1151
Facsimile (705) 268-7100

PROFESSIONAL DEVELOPMENT AUTHORIZATION & FINAL EXPENSE FORM

Name	**Address To Which Cheque Is To Be Sent If Not School**
Workplace	
Date(s)of Professional Development Activity	**Name & Place of Professional Development Activity**

ADVANCED REQUIRED ☐ **Amount** _____
If Direct Deposit, Employee # _____
ESTIMATED TOTAL COST _____

ACCOUNTING TO FORWARD REGISTRATION ☐
(Please include completed registration form with this notice)

FUNDING SOURCE: ***(Check as appropriate and provide details)***
SCHOOL ☐ _____
BOARD ☐ _____
OTHER ☐ _____

FOR OFFICE USE ONLY
☐ Ministry Funds _____
☐ Special Funding Acct# _____
☐ Account Code # _____

Claimant's Signature _____ ***DATE*** _____

Principal's Signature _____ ***DATE*** _____

Superintendent of Schools or Designate's Signature _____ ***DATE*** _____

Account # _____ ***Vendor #*** _____

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FINAL EXPENSES

			Totals
# of km	0	**0.68**	$0.00
		# of Meals	
Meals:	**Breakfast**		$0.00
	Lunch		$0.00
	Dinner		$0.00
Registration (if NOT paid in advance by the Board)			
Airfare (if NOT billed to the Board)			
Ground Transportation (taxi, rental with gas etc.)			
Accommodations:	**No. of Nights**	**Rate per Night**	
	0	$0.00	$0.00
Parking			
Other ***(please describe)***			
TOTAL FINAL EXPENSES			**$0.00**
TOTAL ADVANCE			
DUE FROM (TO) BOARD			$0.00

	Community	**Indicate # of km.**
distance from work		
distance from home		

The lesser of the distance will be applied

Registration (if paid by Board)
Airfare (if billed to Board)

Meal Maximums within Board jurisdiction (must have receipts)
Breakfast - $20.00
Lunch - $25.00
Dinner - $35.00

Meal Maximums out of Board jurisdiction (must have receipts)
Breakfast - $25.00
Lunch - $30.00
Dinner - $45.00

****Please Note: Reimbursement is $0.68/km for the first 5,000 km, and $0.62/km thereafter.***

For Car Pool Purposes: On the line below, please print the names of the people that have car pooled with you.

_____

I hereby certify the above statement of expenses to be correct and have not been charged on any Board visa.
I confirm that I have not made a claim for any of these expenses from any other source.

Claimant's Signature _____ ***DATE***

Principal's Signature _____ ***DATE***

Superintendent of Schools or Designate's Signature _____ ***DATE***

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NOTE: **ACCOMODATIONS: Maximum single rate at hotel or conference rate. Rate per night must include all taxes.**
MEALS: Itemized receipts are required if claiming meals.

After approval: ➡ Superintendent or Designate ➡ Principal ➡ Employee ➡ Accounting dvance required)
Guideline for completion is available on Docushare