



School District No. 57 (Prince George)

PLEASE PRINT

HOME PHONE NUMBER

EMPLOYEE NO.

# TEACHER PRO-D FUND EXPENSE REPORT



P.G. District Teacher's Association  
101-1968 Queensway  
Prince George, BC, V2L1M2

SURNAME		FIRST NAME	
STREET ADDRESS			
CITY		POSTAL CODE	
SCHOOL (OR DEPARTMENT):			

REASON FOR TRAVEL:

NAME OF CONFERENCE/WORKSHOP:

LOCATION: \_\_\_\_\_

FINANCE USE ONLY

GST = \_\_\_\_\_ SYSTEM \_\_\_\_\_

KMS = \_\_\_\_\_

TRV = \_\_\_\_\_

DAY	DATE			DEPARTURE AND DESTINATION CITIES, MODE OF TRANSPORT AND NAME OF CARRIER	PERSONAL VEHICLE DIST. IN KM	TIMES RATE .26 or .52*	EQUALS VEHICLE COST	DEP/ARR. TIME AM/PM	AIR FARE	TRANSIT/ TAXI (if authorized)	APPROVED INCIDENTALS OR GRATUITY	REGISTRATION OR EVENT FEE	ROOM COST	MISCELLANEOUS		EXPENSE	
	MM	DD	YY											DESCRIPTION	AMOUNT		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
				TOTAL DISTANCE THIS VOUCHER													TOTAL

Certified that this travel expense claim is a true statement of disbursement made and/or allowances to which I am entitled as a result of travel on School District No. 57 (Prince George) business. In accordance with district policy 4133.1, administrative procedure 6.3 this report does not include reimbursement for alcoholic beverages. I have not been and will not be reimbursed by any other party for any expenses detailed above.

TRAVELLER: \_\_\_\_\_

- NOTE:**
- Each person must make a claim with individual ORIGINAL receipts attached (except for approved mileage claims or gratuity for private accommodation).
  - Meals are not covered by the Pro-D Fund.
  - for approved mileage claims: \$0.52 for drivers with one or more passengers also travelling for Pro-D, or \$0.26 for solo drivers
  - If you are applying for funding from more than one source, ensure that you have all School District sponsors sign for their portion of the expense.
  - An original conference brochure, schedule, or other substantive proof of attendance must be included with the claim.
  - Return this completed form to the PGDTA office

**APPROVAL SIGNATURES:**

Pro-D Fund Administrator: \_\_\_\_\_

PGDTA Pres/Vice-Pres: \_\_\_\_\_

Additional Dep't Manager: \_\_\_\_\_  
(if funding from more than one source)

FUND	PROJECT	ACCOUNT	COST CENTRE	AMOUNT		
	1	0 0 0	1 0 2	3 4 0 0 0	9 2 0	

Internal use only: F.I.A. exempt: Vendor # 221-0200  
(To be recovered from Min. of Ed./BCPSEA/etc.)

\$ \_\_\_\_\_