

LLOYDMINSTER CATHOLIC SCHOOL DIVISION PROFESSIONAL LEARNING FORM

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

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

PD Approved for Payment:

 Principal's Signature Deputy Director Signature* Date of Approval

**Signature only required when expense is centrally funded*