



Applicant's Name: _____ Date: _____

School/Dept. & Position _____ Applicant's Signature: _____

Event: _____

Location: _____ Event Date: _____

EXPENSE CLAIM	Estimated Expenses	Actual Amount	Office Use Only	
Registration			Authorized Amount	
Accommodations			\$	Initial
Ferry				
Automobile (km)	# of km:		Payment Approved	
Bicycling (km)	# or km:		\$	Initial
Breakfasts on (dates)				
Lunches on (dates)			Year End Claim	
Dinners on (dates)				
Miscellaneous				
Total				

Leave of Absence: No Yes

Date/Time of absence: _____ Number of days absent:

TTOC Required: No Yes

Date/Time of TTOC replacement: _____

- GITA – Donal Duncan: dduncan@sd64.org
- CUPE – Angie Gray: treas@cupe788.com

G.I.T.A. Pro D <input type="checkbox"/>	Notes:
C.U.P.E. Pro D <input type="checkbox"/>	

Authorized – Pro D Rep. Date

Reviewed by Secretary–Treasurer Date

PRO-D EXPENSE CLAIM INFORMATION – PLEASE READ CAREFULLY

Expense Claim Amounts

Please do not claim for meals that are provided at an event.

1. Submit the form **two weeks prior** to the event.
2. Remember to save your **‘ORIGINAL RECEIPTS’** to submit with an approved application. The Auditors do not consider a canceled cheque, debit, or credit slip to be a receipt. You do not need to provide meal receipts (reimbursement per diem – indicate dates. Rates on the following page)
3. Accommodation Note: \$30.00 per night for ‘hostess gift’ if staying in a private home

Current Rates (Travel and Per Diem)

As of February 10, 2025

	CUPE	GITA
Travel	\$.72 /km	\$0.72 /km
Bicycle	\$0.26 /km	\$0.26 /km
Breakfast	\$20	\$20
Lunch	\$25	\$25
Dinner	\$40	\$40