



Date: \_\_\_\_\_ Pro-G Code: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Type of Expense		Actual Amount	Office Use Only	
Leave of Absence   No <input type="checkbox"/> Yes <input type="checkbox"/>		\$600/day		
#	Half day(s) @ \$300 – date(s)			
#	Full day(s) @ \$600 – date(s)			
Other:			Payment Approved	
			\$	Initials
TOTAL:				

Please check the applicable Pro-G Funding Category:

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Education | <input type="checkbox"/> School-Based Group |
| <input type="checkbox"/> Facilitator          | <input type="checkbox"/> District Group     |
| <input type="checkbox"/> Retraining           |   |

\_\_\_\_\_  
Pro-Growth Chair or Designate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Secretary-Treasurer

\_\_\_\_\_  
Date

**PRO-G EXPENSE INFORMATION – PLEASE READ CAREFULLY**

1. Submit form on or before **May 31<sup>st</sup>**
2. Remember to save your **'ORIGINAL RECEIPTS'** to submit with approved application. You do not need to provide meal receipts (reimbursement per diem – indicate dates and meals).
3. Accommodation note: \$30.00 per night for 'hosting gift' if staying at a private home.
4. Expenses charged for ferries should be actual costs.
5. Send form with original receipts to the School Board Office atten: accounting (accounting@sd64.org).  
Please note: only costs related to activities formally approved by Pro-Growth Committee can be reimbursed.

**EXPENSE LIMITS:**

Travel	.72¢/km
Breakfast	\$15.00
Lunch	\$20.00
Dinner	\$32.00