



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"/>				
#	LOA Half day(s) @ \$300 – date(s)			
#	LOA Full day(s) @ \$600 – date(s)			
			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

- Submit form on or before **May 31st**
- 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).
- Accommodation note: \$30.00 per night for 'hosting gift' if staying at a private home.
- Include original ferry receipts.
- Mileage paid for travel outside of District 64 (calculate travel from ferry terminal).
- Send form with original receipts to the School Board Office attn: Shauna Klem(sklem@sd64.org).

EXPENSE LIMITS:

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

Please note: only costs related to activities formally approved by Pro-Growth Committee can be reimbursed.