



Date: _____

Pro-G Code: _____

Applicant's Name: _____

School/Department: _____

Applicant's Signature: _____

Type of Expense	Actual Amount	Office Use Only	
		Payment Approved	
		\$	Initials
	TOTAL:		

Please check the applicable Pro-G Funding Category:

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

Pro-Growth Chair or Designate _____

Date _____

Reviewed by Secretary-Treasurer _____

Date _____

PRO-G EXPENSE INFORMATION – PLEASE READ CAREFULLY

- Submit form on or before **May 31, 2024**
- Remember to save your **'ORIGINAL RECEIPTS'** to submit with approved application. The Auditors do not consider a cancelled cheque, debit or credit slip to be a receipt. You do not need to provide meal receipts (reimbursement per diem – indicate dates)
- Accommodation note: \$30.00 per night for 'hostess gift' if staying in private home.
- Expenses charged for ferries should be actual costs.
- Send form with original receipts attached to **Anna Szul** at the School Board Office.
Please note: only costs related to activities formally approved by Pro-Growth Committee can be reimbursed.

EXPENSE LIMITS:

Travel	.68¢/km
Breakfast	\$12.00
Lunch	\$17.00
Dinner	\$26.00