



HORIZON SCHOOL DIVISION

PROFESSIONAL DEVELOPMENT CLAIM FOR OUT-OF-DIVISION BUSINESS

(FOR TRUSTEES & DIVISION OFFICE STAFF)

NAME _____ CLAIM DATE _____

FUNCTION _____

DATES COVERED BY CLAIM _____ LOCATION _____

EXPENSES:

Meals:

Breakfast _____ @ \$10.00 = _____

Lunch _____ @ \$15.00 = _____

Dinner _____ @ \$30.00 = _____

(Regulations outlined in Policy BHD)

TOTAL MEALS \$ _____
1-463-400-000-

HOTEL:

Receipt Total _____

Deduct Personal Expenses _____

(In lieu of accommodations, \$25.00/night
may be claimed without a supporting
receipt.)

HOTEL NET \$ _____
1-463-400-000-

IN LIEU EXPENSES \$ _____
1-463-400-000-

TRANSPORTATION:

Air Fare \$ _____

Auto (from _____ to _____ = _____ km @ \$0.505/km

Total Mileage Expense \$ _____

Taxi _____

Parking _____

Other _____

TOTAL TRANSPORTATION \$ _____
1-463-400-000

TOTAL EXPENSE CLAIM \$ _____

For Office Use Only

Total Claim \$ _____

Deduct Advance \$ _____

Net Amount \$ _____

Comments and Explanation

I certify that the above statements are correct

Signature _____