

EXPENSE CLAIM FORM

Professional Learning Funding 2024-2025

ORIGINAL RECEIPTS MUST BE ATTACHED

I am an Elementary Teacher and a member of OC ETFO/FEEO _____

Teacher's signature

Name: _____

School: _____ Cell Phone #: _____

Home Address: _____

Conference/Workshop Title: _____

Location: _____ Date: _____

Expense Claim Calculations

Registration Fee: _____ Dependent Care/Parking: _____

Resource Costs: _____

Out of Town Conferences:

(complete below only if attending a Conference outside the Ottawa-Carleton/National Capital Region)

Accommodation Cost: _____

Transportation Mode and Cost (if using personal vehicle Kms x .61): _____

Additional Expenses (Dependent care/parking): _____

Total Expenses: _____ *(to a maximum of \$500.00 in any two (2) year period)*

I certify that the information on this form is true and complete.

Method Of Payment:

Cheque _____ (send to home address) _____ (send to school) _____

E-Transfer _____ (email address) _____

EFT Payment _____ (please contact Margo Charles for forms - blank cheque required)