



Grand Erie District School Board Elementary School's PD Budget Expense Form

Invoice #

(Business use only)

Date: _____

Employee Name: _____

Home School Location: _____

Name of Conference: _____

Date of Conference: _____

Expenses - Please provide description and, except for mileage, original receipts.
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Resources: _____

Registration: _____

Hotel: _____

Meals: _____

Parking: _____

Mileage/Travel - Use current rate/km: _____ km @ _____ = _____

Total amount of Claim: _____

Approved Amount:

Signature of Claimant: _____

Signature of Union Rep: _____

Signature of Administrator: _____

GEETF Approval: _____

General Ledger Account to Charge	Location Code	% Charge	Amount	HST
# ##### ## ##### ### #	###			
				Business use only