

Academic Staff Association – Professional Development Claim Form

Please include original, itemized receipts with this form

Name: _____ ID#: _____

Section 1 – Professional Fees (conference and association registration/membership and research, etc.)		Amount (\$)
Session Title:	Departure (Date & Time):	
	Return (Date & Time):	
Description:		

Section 2 – Travel Expenses (airfare, taxis, vehicle rental, hotel, meals etc.)			Amount (\$)
# of Breakfasts _____	# of Lunches _____	# of Suppers _____	
Subtotal \$ _____	Subtotal \$ _____	Subtotal \$ _____	
Hotel:			
Transportation:			

Section 3 – Resource Material (hardware, software, books, DVDs, supplies, etc.)	Amount (\$)

Section 4 – Miscellaneous (parking, phone calls, sundry number, number of overnight stays, etc.)	Amount (\$)

Total		Amount (\$)
Sub-total		
GST		
Advance		
TOTAL		
Regular accounts payable (Payment will be deposited to your account)	Account # 5807 970 75714	
Approved by	Amount Approved (If different from Total)	

Signature: _____

Breakfast	Lunch	Dinner/Supper	Sundry	Taxi (no receipt)	Kilometre
\$12.00	\$15.00	\$23.00	\$10.00/overnight stay	\$12.75	\$0.50/km