

SD #58 / C.U.P.E. JOINT PROFESSIONAL DEVELOPMENT COMMITTEE
APPLICATION FOR USE OF FUNDS

ON Island

OFF Island

Employee	Date of Application
Location	Date of Conference
Conference Title	
Conference Location	Dates for Sub.

Transportation
 Accommodation
 Meals

Plane	
Taxi	
Ferry	
Hotel	
Gift in lieu of hotel expense	
Breakfasts: _____ X \$12.00	
Lunches: _____ X \$18.00	
Dinners: _____ X \$30.00	
HONORARIUM for	
REGISTRATION FEES	
Applicant's signature _____ Date _____	TOTAL
I hereby certify that the above constitutes expenses incurred while attending an authorized Professional Development Activity.	

AMOUNT APPROVED FOR PAYMENT _____

Signature of Location Pro-D Representative _____ Date _____

CHECK NUMBER _____ DATE _____

Signature of Pro-D Chairperson _____ Date _____

PLEASE ATTACH ORIGINAL RECEIPTS AND SUBMIT THIS FORM WITHIN ONE MONTH OF THE ACTIVITY