

School District 50/CUPE Joint Career Development Fund Application for Use of Funds

Employee Information

Name: _____

Location: _____

Application Date: _____

Conference Information

Title: _____

Location: _____

Conference Date: _____

Expense Descriptions Educational Training
Wellness (workshop etc...)

Plane: _____

Taxi/Bus: _____

Ferry: _____

Mileage: _____

Hotel: _____

Gift in lieu of hotel: _____

Breakfast: x\$12.00 _____

Lunch: x\$18.00 _____

Dinner: x\$30.00 _____

Registration Fee: _____

Other: _____

Total Expenses: _____

Advance Requested: _____

Expense Descriptions: Educational Purchase
Wellness (computer etc...)

Description Of Purchase:

Total Expenses: _____

Application Checklist: (please check off)

- Expense qualifies under Appendix D Of the CUPE Collective Agreement
- Original Receipt of Purchase or invoice and Vendor's information
- This Application dated and signed

Applicant's Signature: _____

Date: _____

**CUPE Career Development
Committee Signature:** _____

Date: _____

**School District 50
Approval Signature:** _____

Date: _____

Amount Approved: _____

Board Office Use Only

Cheque #

Cheque Date