



**APPLICATION FOR PRO D
SCHOOL DISTRICT No. 64 (Gulf Islands)**

Approval #

Applicant's Name: _____ Date: _____

School/Dept. & Position _____ Applicant's Signature: _____

Event: _____

Location: _____ Event Date: _____

EXPENSE CLAIM	Estimated Expenses	Actual Amount	Office Use Only	
Registration			Authorized Amount	
Accommodations			\$	Initial
Ferry				
Automobile (km)	# of km:		Payment Approved	
Bicycling (km)	# or km:		\$	Initial
Breakfasts on (dates)				
Lunches on (dates)			Year End Claim	
Dinners on (dates)				
Miscellaneous				
Total				

Leave of Absence: No Yes

Please submit LOA forms two weeks before the event to:

Number of days absent:

➤ GITA - Elaine Jacobson: ejacobson@sd64.org

➤ CUPE – Angie Gray: treas788@sd64.org

G.I.T.A. Pro D <input type="checkbox"/>	Notes:
C.U.P.E. Pro D <input type="checkbox"/>	

Authorized – Pro D Rep.

Date

Reviewed by Secretary-Treasurer

Date

PRO-D EXPENSE CLAIM INFORMATION – PLEASE READ CAREFULLY

Expense Claim Amounts

Please do not claim for meals that are provided at an event.

1. Submit form **two weeks prior** to the event.
2. Remember to save your **'ORIGINAL RECEIPTS'** to submit with approved application. The Auditors do not consider a cancelled cheque, debit or credit slip to be a receipt. You do not need to provide meal receipts (reimbursement per diem – indicate dates. Rates on following page)
3. Accommodation Note: \$30.00 per night for 'hostess gift' if staying in private home



**Current Rates (Travel and Per Diem)
As of January 1, 2020**

	CUPE	GITA
Travel	\$.59 /km	\$0.59 /km
Bicycle		\$0.26 /km
Breakfast	\$11	\$14
Lunch	\$17	\$16
Dinner	\$25	\$26