



D23 ESS/ECE PROFESSIONAL DEVELOPMENT EXPENSE REPORT

Date: _____

First and Last Name _____

School/Workplace _____

Full Address incl.

City, Prov, Post Code _____

Council/Exec. Position _____

Date	Description (Meeting, Event, Item, Vendor, Place of Purchase, etc.)	Meals \$	Accommodation \$	Mileage x \$0.42	Misc \$	Total	Budget Line (Office Use ONLY)
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
Total		\$ -		\$ -	\$ -	\$ -	

Member Signature _____

President Signature _____

Treasurer Signature _____

Subtotal \$ -

Cash Advances

Grand Total \$ -

Original receipts must be included for all expenses EXCEPT for mileage.

Please sign, scan and email completed form to:

Leslie.Brown@d23.osstf.ca

OFFICE USE ONLY

Cheque #	
Date Issued	