

(519)-426-8545 • Fax: (519) 426-0214 • Email: osstfdistrict23@gmail.com

2023 2024 PSSP Professional Development Expense Form

Please mail or email this form with all receipts to the attention of Pam Berec

Email: osstfdistrict23@gmail.com Address: PO Box 94

115 Windham East Quarter Line Road

Date:

Simcoe, ON N3Y 4K8

Signature of Committee Member:

Name:	Mailing Address:	
Work Location:		
Telephone Number:		
Email:		
Name of Conference/Workshop:		
Date of Conference/Workshop:		
EXPENSES: (Please provide description and original r	receipt except for mileage)	
Expense	Description	Amount
Registration		
Resources		
Meals		
Allowable Expenditures: Breakfast \$15 • Lunch \$25 • Dinner \$50		
Parking		
Hotel		
Mileage		
Allowable Expenditures:		
58 ¢/km • 65 ¢/km for 1 st eligible passenger • 80		
¢/km for 2 or more eligible passengers. Please		
list names of passengers if carpooling. TOTAL EXPENSE		
DI FASE CONSIDER THIS ARRUSATION FOR ARRUS	TIONAL FUNDS IS SUNDS BE	MAIN AT HINE 10, 2024
PLEASE CONSIDER THIS APPLICATION FOR ADDIT	IONAL FUNDS IF FUNDS RE	IVIAIN AT JUNE 10, 2024
Signature of Claimant:	Date:	