



EXPENSE CLAIM 2017-2018
Support Staff Professional Improvement Committee (PIC)
WESTERN QUEBEC SCHOOL BOARD

Expense claims must be SUBMITTED 30 days AFTER the completion of the course/workshop/activity

*****Proof of successful completion or participation must be included*****

*All expenses must be supported with **original** receipts and submitted to WQSB attention: PIC - IAWQ. Please submit your claims together if you are splitting the cost of accommodations/transportation.*

Name: _____ **Telephone Home:** _____

Position: _____ **Hrs / %** _____ **Telephone Work:** _____

* Daycare Educator / Technician **E-mail Address:** _____

* Maintenance / Caretaker

* Attendant to Handicapped / Special Education Technician

* Other (specify)

Place of work (School or Board Office): _____

Home address: _____

No. Street City Province Postal

COURSE/WORKSHOP/ACTIVITY

Title: _____

Location: _____

Duration: _____

Starting date: _____

EXPENDITURES

1. Replacement cost I was asked by my supervisor to attend \$ _____
 I want to attend voluntarily

2. Tuition fee or registration fee. \$ _____

3. Accommodation. \$ _____
 If you are sharing a room please list the name(s) and the amount(s) below.

<i>Name</i>	<i>Amount</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. Transportation. \$ _____
 If you are travelling with someone please indicate the name(s) below.

<i>Name</i>	<i>Amount</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Parking \$ _____

5. Meals. (Breakfast \$15 - Lunch \$15 - Dinner \$35) \$ _____

6. Others. Please specify: _____ \$ _____

GRAND TOTAL \$ _____

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY	
Amount:	Budget Code:
\$	
\$	
\$	
\$	

Approved for Payment: _____ Date: _____