

PROFESSIONAL DEVELOPMENT COMMITTEE

Expense Report

THIS FORM IS TO BE FILLED OUT **AFTER** THE ACTIVITY. RECEIPTS MUST BE ATTACHED TO IT. (You must submit the **Application Form** to have your activity approved two (2) weeks **BEFORE** the activity.)

Name:	Date:
Activity:	Dept./Programme:
Total Expense: \$	Dates of Activity:

I certify that I have incurred all of the above expenditures.

(Signature)

(Date)

REQUIRED:

Use the space below to itemize your expenses by category (food, transportation, hotel, fees etc.), if relevant, and total them, in Canadian dollars. Please sort your food expenses according to the day's meals and claim within the limits. No alcohol may be claimed. Make sure that the original receipts, in good condition, are attached to this form and handed in as soon as possible after the expense has been incurred and the event has taken place.

	FROM	то	DAY 1	DAY 2	DAY 3	DAY 4	
Date		10	2711 2	5/11 2	2/11 0	Ditt i	TOTAL
							TOTAL
Event Fee							
Travel							
Hotel							
Breakfast (\$15 max)							
Lunch (\$25 max)							
Dinner (\$35 max)							

TOTAL EXPENSES IN \$CAD

Comments/Explanation:

	For P.D.C. use Only
Amount approved: \$	
Faculty Rep:	Date:
Admin Rep:	Date:
CHARGE TO: 0356	