



**Part B – To Be Completed and Approved Upon Returning From Conference**

**Actual Expenses Claimed (original receipts MUST be attached for all expenses being claimed):**

	US\$	CDN\$ (Canadian Equivalent)	
<b><u>This section is for Principal/Vice-Principal use ONLY</u></b>			
• PD Funds Available			\$ _____
• Subtract Cost of Airfare Arranged Through Director's Office (attach email received from Avenue Travel)			\$ _____
• Balance of PD Funds Available			\$ _____
• Registration	\$ _____	\$ _____	
• Transportation (other than airfare)	\$ _____	\$ _____	
• Accommodation _____ Days	\$ _____	\$ _____	
• Meals (see attached receipts – use table below to calculate).			
o Breakfast \$20 x ___ days	\$ _____	\$ _____	
o Lunch \$20 x ___ days	\$ _____	\$ _____	
o Dinner \$30 x ___ days	\$ _____	\$ _____	
• Other _____			\$ _____
	Total Expenses Claimed CDN		\$ _____
• Balance of PD Funds Remaining			\$ _____

**Note:**  
Complete this portion after completion of conference/workshop.  
**All expenses being claimed must be supported by original, detailed receipts (Visa or debit slips are not acceptable).** Mileage reimbursement is limited to the maximum of the economy airfare. The maximum meal reimbursement per day shall be provided up to \$60, capped at the amounts indicated.  
**The maximum amount is inclusive of taxes and gratuity. Gratuity amounts are capped at 15% of pre-tax amounts.**

The table below has been provided to assist in the calculation of eligible meal expenses. Please complete, indicating the date(s) and the amounts claimed for each meal type. Please be reminded that the maximum is inclusive of taxes and gratuities (limited to a maximum of 15%). ALCOHOL IS NOT ELIGIBLE FOR REIMBURSEMENT. Attach a separate sheet if more space is required. Original detailed receipts must be attached.

DATE	Breakfast (max \$20)	Lunch (max \$20)	Dinner (max \$30)	Total (not to exceed \$70)
<b>Total</b>				

**I have read the TDSB's PR.582 Expenditure Guidelines and confirm that I am in compliance.**

\_\_\_\_\_  
Signature of Conference Participant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Approvals**

\_\_\_\_\_  
Principal/Manager Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Supervisory Officer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Verified by Comptroller of Finance/Designate

**For Accounting Use Only:**

Amount of PD Funds Available: \_\_\_\_\_

**Forward completed form to:  
Accounts Payable, 5050 Yonge St., Route NE**