

Toronto District School Board

OUT-OF-PROVINCE/OUT OF COUNTRY CONFERENCES AND WORKSHOPS

Part A – Conference Information (approval MUST be obtained prior to attendance)

Date: Feb 13, 2020

Employee Number [REDACTED]	Work Phone 416-395-8787	Home Phone
Name of Applicant Chris Moise		Position Trustee
Home Address 5050 Yonge Street		City Toronto Postal Code M2M 5N8
School/Department Name Trustee Shared Services		Method of Travel Air
Name & Purpose of Conference International LGBTQ Leaders Conference 2020		
Location of Conference Washington, D.C., USA		Dates of Conference Dec 2-Dec 5, 2020

The cost should be charged to GL (check one) and Cost Centre:

31500 – Prof Dev – Academic & Supervisory Officer

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1. Cost Centre #

31700 – Prof Dev – All other Staff

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2. Cost Centre # **18305550**

Estimated Expenses:

	US\$	CDN\$ (Canadian Equivalent)
• Registration	\$ 315	\$ 418
• Transportation (other than airfare)	\$ 151	\$ 200
• Accommodation 5 Days	\$ 1,250	\$ 1,657
• Meals (receipts must be provided)		
o Breakfast \$10 x 5 days	\$ 38	\$ 50
o Lunch \$20 x 5 days	\$ 75	\$ 100
o Dinner \$30 x 5 days	\$ 113	\$ 150
Other Baggage	\$ 26	\$ 35
• Airfare (to be arranged by the Director's Office)		\$ 500

Total Estimated Cost CDN\$ **\$ 3,110**
(Estimated Conversion Rate = 1.33)

Note:

Approved expenses include registration, transportation, accommodation, meals and other reasonable expenses depending upon the location of the conference, but only when these expenses are **not** part of the conference fee.

The maximum meal expenditure 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.

A copy of the conference brochure must be attached.

Conference approved by:

Principal/Manager Signature

Print Name

Supervisor/Supervisory Officer Signature

Print Name

Funding Source Confirmed (Comptroller/Designate Signature)

Craig Snider
Print Name

Associate Director Signature (as appropriate)

Print Name

Director's Signature

For Participant Information:
Reimbursement is limited to the amount of PD Funds available as indicated on the reverse of this form.

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

	US\$	CDN\$ (Canadian Equivalent)
<u>This section is for Principal/Vice-Principal use ONLY</u>		
• 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 \$10 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.

(Conversion Rate = _____)

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 \$10)	Lunch (max \$20)	Dinner (max \$30)	Total (not to exceed \$60)
Total				

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**