



**CUPE PG FUNDING  
EXPENSE CLAIM FORM**

**FORM 443-02**

Date:			
Name:			
School or Facility:			
Telephone of School/Facility		Home Telephone	
Name of Conference/Workshop			
Date of Conference/Workshop		Number of days attended	

**Declaration of Expenses:**

Rates/Maximums		Actual Expenses (Employee to Complete) Not to exceed Maximums		Claimed:
All Inclusive Conference Fee				<input type="checkbox"/>
<b>Or the Maximum of:</b>				
Conference Fee *	Maximums: \$200			<input type="checkbox"/>
Accommodation *	\$150.00/night, 3 nights maximum			<input type="checkbox"/>
Private Accommodation (no receipt)	\$30.00/night, 3 nights maximum			
Meals	B - \$ 10 X L - \$ 14 X S - \$ 22 X TOTAL MEALS	= = = =		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Alternative Transportation * or				<input type="checkbox"/>
Parking				<input type="checkbox"/>
Mileage	KM X /km	=		
		Sub-total		
Less: Amount Paid by Other Source		Name:		
		<b>Total Claim:</b>		

**\* Receipts required for Conference Fees, Accommodations and Alternative Transportation Only**

Mileage paid at GYPSD Rate to a maximum of \$625

- Mileage is as per the mileage chart located after form
- Allowable mileage is calculated on a single return trip from regular workplace to the Conference site.
- Cost of alternative transportation will be covered to a maximum of \$150.00

**Submit the CUPE PG Funding Expense Claim Form (Form 443-02), receipts and CUPE Professional Growth Reflection Form (Form 443-03) within 30 calendar days of conference to the CUPE Chair of the CUPE Professional Growth Committee at [cupe1357pg@gypsd.ca](mailto:cupe1357pg@gypsd.ca)**

**Certification:**

**I hereby certify that the whole of the expenditures were incurred as outlined by Administrative Procedure 443 and that amounts claimed have not previously been paid to me or on my behalf, nor have they been charged to a Division issued credit card, except as outline above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
CUPE Chair of the CUPE Professional Growth Committee

ESC Authorization for Payment:

\_\_\_\_\_  
Secretary Treasurer or Designate

---