



**CLAIM FORM**

**FORM 443-05**

**SCHOOL PROJECT**     **DEPARTMENT PROJECT**     **AREA PROJECT**

**SCHOOL/DEPARTMENT:** \_\_\_\_\_

**SCHOOL:** Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NAME OF PROJECT:** \_\_\_\_\_

**SUMMARY OF PROJECT:**

Number of Participants: \_\_\_\_\_ **Date of Project:** \_\_\_\_\_

ITEMIZED DETAILED BUDGET: School, or Department or Area Project costs shall be paid by the school or department at the time of the project and, upon submission of a claim form (Form 443-5) and Professional Growth Reflection Sheet (Form 443-3) to the President of CUPE 1357 or designate, reimbursement shall occur.

(Attach copy of the AS400 budget account with expenses that have been paid, highlighted)

**SPEAKER COSTS    Fee:** \_\_\_\_\_

**Travel:** \_\_\_\_\_

**Substitute:** \_\_\_\_\_

**PROJECT SUPPLIES:** (List Items)

\_\_\_\_\_  
\_\_\_\_\_

**OTHER COSTS:** (List Items)

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
ESC Authorization