NORTHWEST SCHOOL DIVISION
CONFERENCE REQUEST / EXPENSE CLAIM FORM

☐ **Director Requested**
(If Director/Supts are sending the teacher, please have form sent to Director 2 weeks in advance for approval)

☐ **School Based PD** ☐ **Personal PD** ☐ **Administrator PD**
(Please have Principal's approval 2 weeks in advance)

Teacher / Non-Teacher: _____ School: _____
(please circle appropriate) Name Name

Conference Requested: _____

Location: _____ #of days: _____ # of Sub Days: _____

Start Date & Time: _____ End Date & Time: _____

PLEASE ATTACH PROGRAM

PLEASE COMPLETE BEFORE ATTENDING CONFERENCE:

Relevance to present assignment/improvement targets:
_____
_____
_____
_____
_____
_____

Projected Expenses:

Registration: _____
Meals: _____
Lodging:
$35 *Private lodging* _____
Transportation:
(___ km x ___rate) _____
TOTAL ========

_____ _____
Teacher/Non-Teacher's Signature Date

_____ _____
Principal's Signature Date

_____ _____
Director's Signature Date
(Required only for Director Requested Inservice)

Note: Form can be found on the www.nwsd.ca website. Go to Documents & Forms / school staff / PD request/expense form.

PLEASE COMPLETE AFTER RETURNING FROM CONFERENCE:

Remarks related to the strengths/weaknesses/value of the inservice:
_____
_____
_____

Guest Speaker Recommendation: (circle) Y or N

Actual Expenses (Attach receipts)		Pd by PCard	Pd by SGF
Registration:	_____	☐	☐
Meals($10,$15,$25): B__L__S__	_____	☐	☐
Lodging: *$35 Private Lodging*	_____	☐	☐
Transportation: (___ km x ___rate)	_____	☐	☐
Carpool: Y or N Details: _____			
TOTAL TO REIMBURSE	========		

_____ _____
Teacher/Non-Teacher's Signature Date

_____ _____
Principal's Signature Date

_____ _____
Director's Signature Date

Office Use Only: **1-2-12-160-223-(Teachers)**
1-2-12-160-224-(Non-Teachers)
_____ **- 998:** School Based PD
School code
_____ - 950- _____ Administrator PD
School code
_____ -963- _____ Personal PD
School code
199-951: Board requested
199 -_____ Board Specific _____-_____-_____ Other