

NSSAL Professional Development Fund for Community Adult Learning Programs Expense Claim

NOTE: Completed, signed expense claim forms and receipt copies must be submitted to Literacy Nova Scotia within 30 days of the approved event in order to receive reimbursement.

Name:	Position:
Payment to be made to (Name):	
Address:	Email:
Title of Activity:	Location:

A. Travel		
Date of Travel:		
By Own Car	From:	To:
Distance one way	kms	X 2 = kms
Total kms:	X\$0 .4615 per km =	\$
By Bus:	Amount \$	Receipt Attached <input type="checkbox"/>
By Taxi :	Amount \$	Receipt Attached <input type="checkbox"/>
By Rental Car:	Amount \$	Receipt Attached Car Rental <input type="checkbox"/> Gas <input type="checkbox"/>
Parking:	Amount \$	Receipt Attached <input type="checkbox"/>
Total Travel		\$

B. Meals & Accommodations <i>*Note: Uncatered meal costs will be reimbursed. Receipts are not required.</i>						
Date	Details	Breakfast \$8.00	Lunch \$15.00	Dinner \$20.00	Hotel (Receipt Attached)	Total
Total Meals & Accommodations				\$		

C. Miscellaneous (must be itemized)		
Registration:	Amount \$	Receipt Attached <input type="checkbox"/>
Other – Provide Details:		
	Amount \$	Receipt Attached <input type="checkbox"/>
	Amount \$	Receipt Attached <input type="checkbox"/>
Total Miscellaneous Expenses		\$
TOTAL EXPENSES (travel, meals & accommodations, misc)		\$
TOTAL EXPENSES: A, B & C		

CERTIFICATE:

I certify that I incurred the above expenses on behalf of the NSSAL PD Fund and that no other organization or individual paid or will pay me a subsidy, contribution, or honorarium towards these expenditures.

Claimant's Signature: _____ Date: _____