

PROFESSIONAL DEVELOPMENT FUND: EXPENSE REPORT*CUPE Local 3908 Unit 1 -- Contract Faculty at Trent University*

Name:	Employee #
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Award Amount:	Award Date:
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Home Address:	Home Phone:
	Trent Phone:

Email:

EXPENSE REPORT INFORMATION		
<i>Note: Please reflect your total costs / Only actual expenses will be reimbursed</i>		
1. Travel	a) _____ km @ \$0.43/km	\$
	b) Return Air/Bus/Train fare (attach receipts)	\$
	c) Parking (attach receipts)	\$
2. Living Expenses	a) Accommodation: Maximum \$100 / night (attach receipts)	\$
	b) Stay with friends/relatives: \$20 / night	\$
	c) Meals: \$50.00 / day x 4 days	\$
3. Conference Registration (attach receipt)		\$
4. Course / Workshop Fee (attach receipt) – 100% of fee is eligible		\$
5. Capital Costs (attach receipts and breakdown of costs)		\$
6. Other (please specify) _____		\$
7. Total Expenses (even if exceeds max PDF available)		\$
8. Total Grant Applied for this Round (max you are eligible for)		\$

Applicant's Signature

Date