

**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: <i>Note: please include postal code</i>	Home Phone:
	Trent Phone:

Email:
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<b>EXPENSE REPORT INFORMATION</b>		
<i>Note: Please reflect your total costs / Only actual expenses will be reimbursed</i>		
<b>1. Travel</b>	a) _____ km @ \$0.36/km	\$
	b) Return Air/Bus/Train fare (attach receipts)	\$
	c) Parking / Taxi (attach receipts)	\$
<b>2. Living Expenses</b>	a) Accommodation: Maximum \$80 / night (attach receipts)	\$
	b) Stay with friends/relatives: \$20 / night	\$
	c) Meals: \$36.50 / day x _____ days	\$
<b>3. Conference Registration (attach receipt)</b>		\$
<b>4. Course / Workshop Fee (attach receipt) – 100% of fee is eligible</b>		\$
<b>5. Capital Costs (attach receipts and breakdown of costs)</b>		\$
<b>6. Other (please specify) _____</b>		\$
<b>7. Total Expenses (even if exceeds max PDF available)</b>		\$
<b>8. Total Grant Applied for this Round (max you are eligible for)</b>		\$

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date