



COMMITMENT TO ACTION CLAIM FOR ACCUMULATED CREDITS

FINANCE USE ONLY – DO NOT WRITE IN THIS SPACE

_____	Code _____	Posted Amount \$ _____
Expenses _____	Code _____	Posted Amount \$ _____
Employee No. _____	Cheque Amount \$ _____	

RE: _____
 Workshop, seminar, convention, conference, short course, etc.
 Please attach a copy of the brochure or flyer.

Date(s) held: _____

Mileage / Gas (_____ miles / km @ _____) \$ _____

* Meals: _____ \$ _____

* Accommodation: _____ \$ _____

* Fare / Tolls: _____ \$ _____

* Registration Fee: _____ \$ _____

* Car Rental: _____ \$ _____

* Parking: _____ \$ _____

* Other: _____ \$ _____

*** Please attach original receipts to this claim.**

TOTAL CLAIMED \$ _____

Name (Print) _____ School _____

School Phone _____ Signature _____

Signature of District Administrator – Professional Services _____

Credits accumulated to date _____ Value _____

Remainder of credits after claim _____ Value of remaining credits _____

Checked by _____ on _____

Please return this form and the original receipts to Professional Services, SBO.