

PLEASE PRINT

Effective: Oct. 2025

NAME:

First Name _____

ADDRESS:

Street, City/Town Postal Code Phone # Email Address

Professional Development Event

Professional Development: _____

Date of Event: _____ Location: _____

Conference Registration : _____

1. TRANSPORTATION (Please show details of exact route, including street address.) **DISTANCE/KM MUST BE ENTERED.**

TOTALS

a) From (address) _____ To: (address) _____ Total KM Travelled _____ * (\$.0.70/km) _____

b) Other: (attach receipts) Plane: _____ Taxi: _____ Other: _____ _____

c) Parking: (attach receipts) _____ _____

2. ACCOMMODATION

a) Hotel: (attach receipts) _____ Date: _____ _____

b) Other: (attach receipts) up to \$68.00 per day – staying with friends/relatives on (dates) _____

3. MEALS

a) breakfast (up to \$15.00) on (dates) _____ _____

b) lunch (up to \$20.00) on (dates). _____ _____

c) dinner (up to \$35.00.00) on (dates) _____ _____

NOTE: Meal expenses, outside of seminar time, are NOT paid unless distance is a consideration (driving time exceeds 1 hour).

4. OTHER EXPENSES (Please provide details. Attach receipts.)

_____ **GRAND TOTAL** _____
(all expenses)

5. RELEASE TIME (Indicate if a substitute was required, and for how many days.)

Charge to BTA? NO ___ Yes ___ If Yes, how many days? Half day ___ One day ___ Two days ___ Other ___

6. DATE SUBMITTED _____ 9. SIGNATURE: _____

FOR BTA OFFICE USE ONLY	CODE	Chq No. _____
Approved by: _____		