

PLEASE PRINT
Effective: Sept. 2026

NAME:

First Name

ADDRESS:

Street, City/Town	Postal Code	Phone #	Email Address
-------------------	-------------	---------	---------------

Professional Development Event

Professional Development:

Date of Event: Location:

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. CONFERENCE REGISTRATION (attach receipt)

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

GRAND TOTAL

(all expenses)

6. 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

7. DATE SUBMITTED **9. SIGNATURE:**
FOR BTA OFFICE USE ONLY
CODE

Chq No.

Approved by: