



Early Learning and Child Care – APPLICATION for Reimbursement of Professional Development Expenses

Child Care Centre/Licensed Home Provider Name _____

City/Town _____

Date _____

Please complete the chart and submit to your ELCC Regional Consultant.

- Attached: Travel Expense forms (if claiming travel expenses)
 Receipts (if claiming expenses)
 Certificates of attendance (if available)

Description of Professional Development Event						Expenses					
Name and Position of Individual who attended PD Event	Initials of Attendee	Professional Development Event	Agency Hosting the PD Event	Location of PD Event	Date & Time of PD Event	Event/Registration Fees	Travel Expense For Meals	Travel Expense for Accommodations	Travel Expense for Mileage	Staffing Stipend	Total Claim
Total Claim Page 1											

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Total Claim page 2											
Total from page 1											
Total Claim											

Certification

I hereby certify that funds received will be used to reimburse the individual or organization who incurred the expenses.

Signature of Board Representative or Home Provider

Date