



### Early Learning and Child Care

#### Reimbursement of Professional Development Expenses: Travel Expenses

(Attach this form to the Application for each person who incurred expenses other than registration)

Name of Individual who incurred expenses \_\_\_\_\_

Licensed Child Care Facility \_\_\_\_\_

Professional Development Event \_\_\_\_\_

Location \_\_\_\_\_ Date(s) \_\_\_\_\_

#### Travel Itinerary and Times (must be completed in order to claim travel expenses)

| Date | Departure From: | Time of Departure | Arrival To: | Time of Arrival |
|------|-----------------|-------------------|-------------|-----------------|
|      |                 |                   |             |                 |
|      |                 |                   |             |                 |

#### Eligible Travel Expenses

- Travel costs – (Receipts required for bus. Private vehicle travel at a set, per-kilometre rate on same terms as government employees. Other modes of travel considered on a case-by-case basis).
- Accommodation – costs for two-day events and for events for which the person would otherwise have had to leave home before 7:00 a.m. (receipts required).
- Meals – only if not provided at the event (receipts not required; per diem rate on same terms as government employees).

| Type of Expense   | Details  | Amount |
|---|--|--------|
| Transportation  | Bus (receipts required)  |        |
|   | Private Vehicle: # of kilometres _____ x 0.3712¢<br>and/or 0.3998¢ (north of 54 <sup>th</sup> ) x 1 or x 2 (return trip) |        |
| Accommodation   | Hotel (receipts required)  |        |
| Meals<br>Note: Payment will not be made for meals provided at the event.      | Breakfast (if departure is earlier than 7:30am) \$ 8.00  |        |
|   | Lunch (if departure is earlier than 11:30am) \$14.00   |        |
|   | Supper (if departure is later than 5:30pm or return is earlier than 6:30pm) \$19.00                                      |        |
| (NOTE: add this total to the application under travel expenses) <b>Total:</b> |  |        |

\_\_\_\_\_  
Signature of Individual who incurred expenses

\_\_\_\_\_  
Date