



Professional Development and Travel Subsidy Program 2021-22 Expense Claim Form

Name: _____

Address: _____

Associated member institution (if necessary) _____

Telephone: _____ Email: _____

Workshop Title: _____

Workshop Location: _____ Date of Workshop: _____

Date Funding approved by SCAA: _____ Amount Approved: _____

Description	Amount	GST	Total
Registration (non-SCAA events only)			
Hotel (Maximum \$125.00 per day)			
Meals (See guidelines for amounts)			
Travel Costs _____ km @ \$0.4736/KM			
Air Fare			
Minus amounts received by Institution			
TOTAL			

**Original receipts are required for most items; see guidelines for details.*

Signature: _____ Date: _____

For Office Use Only

Total amount preapproved:	
Has letter of acknowledgement been received by office?	
Have all required receipts been submitted?	
Date Cheque issued:	

We gratefully acknowledge the financial support of the Saskatchewan Lotteries Trust Fund for Sport, Culture and Recreation through SaskCulture Inc.



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