NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

2025

TRUSTEE CONFERENCE/WORKSHOP/OVERNIGHT MEETING REIMBURSEMENT FORM

AFTER ATTENDING THE CONFERENCE/WORKSHOP/OVERNIGHT MEETING,
SUBMIT APPLICATION FOR APPROVAL TO: *The Office of the Director of Education*

*Request for payment must be submitted within **30 days after completion date** of conference/workshop.*

All Electronic Records must be in PDF Format.
HANDWRITTEN submissions will NOT be accepted.

TRUSTEE EXPENSE AND REIMBURSEMENT POLICY

RESET

TRUSTEE NAME:	**EMPLOYEE NUMBER:**
HOME ADDRESS:	

REQUEST FOR PAYMENT	
NAME OF CONFERENCE/WORKSHOP/OVERNIGHT MEETING:	
DATE(S):	**COMBO CODE TO CHARGE**

ACTUAL COSTS INCURRED *(All original receipts are to be attached)*	**AMOUNT**
REGISTRATION FEES PAID PERSONALLY	
MILEAGE _____@69¢/KM *(Attach Google Maps)*	0.00
TRAVEL BY OTHER MEANS	
ACCOMMODATION/HOTEL FOR _____ NIGHTS *(Includes Hotel and Parking)*	
PARKING *(If not included in hotel receipt)*	
MEALS FOR _____ DAYS *(Alcohol costs will not be reimbursed)*	
OTHER COSTS	
EXPENSE TOTAL	0.00
LESS PERSONAL PORTION OWED TO THE BOARD	
BALANCE DUE TO TRUSTEE	0.00

This is to certify that the above record of my expenses is true and correct.	
TRUSTEE SIGNATURE	**DATE**

APPROVAL OF REIMBURSEMENT OF COSTS **Original Signatures ONLY**	
CHAIRPERSON OF THE BOARD	**DATE**
DIRECTOR OF EDUCATION	**DATE**
SUPERINTENDENT OF BUSINESS AND FINANCIAL SERVICES	**DATE**