

REQUEST FOR IN-SERVICE

for all requests except KCTU Pro-D

If requesting CUPE Pro-D Funding:

- (1) please forward completed form to CUPE Pro-D Committee, c/o Colleen Weir (TR)
 (2) form will be returned to applicant with CUPE Pro-D Committee's recommendation
 (3) would you be willing to give a follow-up session upon your return? Yes No

Please submit form at least 2 weeks prior to activity.

Date of Request: _____
 Last Name: _____ First Name: _____
 Position: _____ School/Site: _____
 Activity/Workshop/Meeting: _____
 Date(s): _____ Location: _____
 Brief Description (include brochure if available and a copy of registration form): _____

ANTICIPATED COSTS

Registration/Accommodation

Registration Fee
 Accommodation (including tax)
 Private Lodging @ \$30/night

Transportation

Air Fare
 Airport Departure Fee
 Taxi/Bus/Limo/Parking
 *Distance km @ 54¢ (max 1200 km)
 KCTU: km @ 52¢ (max 1200 km)

Meals

Breakfast @ \$10.00
 Lunch @ \$17.00
 Dinner @ \$23.00

Other Expenses

Subs
 ***Other

Total

Advance Requested

*maximum 1,200 km
 ***Specify Other:

ACTUAL COSTS

Registration/Accommodation

**Registration Fee
 **Accommodation (including tax)
 Private Lodging @ \$30/night

Transportation

**Air Fare
 **Airport Departure Fee
 **Taxi/Bus/Limo/Parking
 *Distance km @ 54¢ (max 1200 km)
 KCTU: km @ 52¢ (max 1200 km)

Meals

Breakfast @ \$10.00
 Lunch @ \$17.00
 Dinner @ \$23.00

Other Expenses

Subs
 ***Other

Total

Less Advance

Less Subs

Amount Due

**receipts required

Applicant Signature: _____ Date: _____

I have reviewed this in-service request and give my support for this activity.

Administrator/Supervisor Signature: _____ Date: _____

Office Use Only

Approved: _____ Date: _____
 Vendor #: _____ Account #: _____ Invoice #: _____