

VTF Professional Development Reimbursement Form

School _____ Date: _____ Expense Period: _____
to _____

Purpose of Expenditure(s)

Employee

First Name _____ Last Name _____ Employee Number _____
Title _____ Address _____
Department _____ City _____ Postal Code _____

Approvers

Pro D Chair:

First Name _____ Last Name _____ Title _____
(please print) _____

Administrator:

First Name _____ Last Name _____ Title _____
(please print) _____

Itemized Expenses (original invoices/receipts must be attached)

Date of invoice/receipt	Description	COA (To be Completed by Pro D Chair)				GST (leave for OA)	PST (leave for OA)	Total Invoice Paid (including taxes)
		FUND	ACCOUNT (VSB Use Only)	ORG	PROGRAM			

Subtotal - - -
Total Reimbursement _____ **#REF!**

Notes:
 Pro D Reimbursements require an **original** event receipt (not just a credit card receipt)
 Pro D Reimbursements are reimbursed back to employees upon completion of the event. Cash advances are not applicable.