CARLETON UNIVERSITY PROFESSIONAL DEVELOPMENT FUND CONTRACT INSTRUCTORS

NAME	Department				
EMAIL.	EMP ID				
NOTE: Do not send receipts with form. If your claim is approved by the JCAA, original receipts must be attached to the approved copy of this form and submitted to the Finance Office for reimbursement.					
Reason for Application:					
Professional Dues (indicate name of Conference Fees (include Conference Other Expenses (itemize books and s	pts; indicate destination and purpose of trip in space below) Association or Society) e Title:) supplies below)				
<u> </u>					
Tota	al Claim (cannot exceed \$900 incl. GST)				
	not be otherwise reimbursed for the expenditures in this claim and the person ally and with due regard for reasonable economy and are ton University (see note 3).				
Date:	Signature of Applicant:				
	ract instructor in this department and that s/ he will be considered for se claimed/ proposed is directly related to the current or future duties				
Date:	Signature of Dept. Head:				
FOR JCAA: AMOUNT APPROVED:					
APPROVED BY: :	and :				

2. Please provide a brief statement explaining the relevance of the expense to your teaching at Carleton.

1. Submit this application to the Joint Committee for the Administration of the Agreement c/o CUPE4600, Unit 2, Room 511,

3. Please review Carleton's relevant Privacy Policies at http://www6.carleton.ca/privacy/policies/.

Unicentre.

Please provide a brief statement explaining the relevance of the expense to your teaching at Carleton:

BUSINESS OFFICE BASE BEFORE HST	_ BASE BEFORE GS	Т \$	_ FUND
HST AMOUNT	\$ _ GST AMOUNT	\$	_ORG
HST EXEMPT	\$ _ GST EXEMPT	\$	_ ACCOUNT
TOTAL PAYMENT	\$ _ TOTAL PAYMENT	\$	_ PROGRAM