



# COMMITMENT TO ACTION CLAIM FOR ACCUMULATED CREDITS

FINANCE USE ONLY – DO NOT WRITE IN THIS SPACE

_____	Code _____	Posted Amount \$ _____
Expenses _____	Code _____	Posted Amount \$ _____
Employee No. _____	Cheque Amount \$ _____	

RE: \_\_\_\_\_  
 Workshop, seminar, convention, conference, short course, etc.  
 Please attach a copy of the brochure or flyer.

Date(s) held: \_\_\_\_\_

Mileage / Gas (\_\_\_\_\_ miles / km @ \_\_\_\_\_) \$ \_\_\_\_\_

\* Meals: \_\_\_\_\_ \$ \_\_\_\_\_

\* Accommodation: \_\_\_\_\_ \$ \_\_\_\_\_

\* Fare / Tolls: \_\_\_\_\_ \$ \_\_\_\_\_

\* Registration Fee: \_\_\_\_\_ \$ \_\_\_\_\_

\* Car Rental: \_\_\_\_\_ \$ \_\_\_\_\_

\* Parking: \_\_\_\_\_ \$ \_\_\_\_\_

\* Other: \_\_\_\_\_ \$ \_\_\_\_\_

**\* Please attach original receipts to this claim.**

TOTAL CLAIMED \$ \_\_\_\_\_

Name (Print) \_\_\_\_\_ School \_\_\_\_\_

School Phone \_\_\_\_\_ Signature \_\_\_\_\_

Signature of District Administrator – Professional Services \_\_\_\_\_

Credits accumulated to date \_\_\_\_\_ Value \_\_\_\_\_

Remainder of credits after claim \_\_\_\_\_ Value of remaining credits \_\_\_\_\_

Checked by \_\_\_\_\_ on \_\_\_\_\_

**Please return this form and the original receipts to Professional Services, SBO.**