

**CARLETON UNIVERSITY PROFESSIONAL DEVELOPMENT FUND FOR CIs**

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:

- Travel** (attach boarding passes & receipts; indicate destination and purpose of trip in space below)
- Professional Dues** (indicate name of Association or Society \_\_\_\_\_)
- Conference Fees** (include Conference Title: \_\_\_\_\_)
- Other Expenses** (itemize books and supplies below)

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Total Claim (cannot exceed \$800 incl. GST) \_\_\_\_\_

*I hereby certify that I have not been and will not be otherwise reimbursed for the expenditures in this claim and the expenditures were or will be made by me personally and with due regard for reasonable economy and are directly related to my teaching duties at Carleton University (see note 3).*

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

*I certify that the applicant is/has been a contract instructor in this department and that s/ he will be considered for future courses in the department. The expense claimed/ proposed is directly related to the current or future duties of the applicant in this department.*

Date: \_\_\_\_\_ Signature of Dept. Head: \_\_\_\_\_

FOR JCAA: AMOUNT APPROVED: \_\_\_\_\_

APPROVED BY: : \_\_\_\_\_ and : \_\_\_\_\_

1. Submit this application to the Joint Committee for the Administration of the Agreement c/o CUPE4600, Unit 2, Room 511, Unicentre.
2. On the reverse of this application, please provide a brief statement explaining the relevance of the expense to your teaching at Carleton.
3. Please review Carleton's relevant Privacy Policies at <http://www6.carleton.ca/privacy/policies/>.

