

HGTA Pro-D Form 2:
Revised Sept 2025

Post-Activity/Purchase Claim

Claimant: _____ Phone: _____ Address: _____

A. TRAVEL COSTS calculated by Kilometre Rate = 72¢/km

Date	Purpose	Destination	Home	Total Dist.	Rate	Cost
					X _____	
					X _____	
					X _____	
					X _____	

Total Mileage

B. Material or Other EXPENSES

Date	Purpose	Supplier	Cost
Total Other EXPENSES			

> > > >

- v
- v
- v
- v
- v
- v
- v
- v

Per Diem (no receipts required)

Breakfast	\$24.14
Lunch	\$23.29
Dinner	\$49.05

TOTAL Claim
Total In Account
TTOC costs portion
Total Approved for Disbursement

Kilometers (one way)

	DG	SkidL	Sand	Skid	Tlell	Port	Masset	OM
DG	X	8	21	11	54	68	113	118
Skid L	8	X	13	3	46	60	105	110
Sand	21	13	X	16	59	74	119	124
Skid	11	3	16	X	43	57	102	107
Tlell	54	46	59	43	X	21	59	64
Port	68	60	74	57	21	X	45	50
Masset	113	105	119	102	59	45	X	5
OM	118	110	124	107	64	50	5	X

Please complete this form and give it to your PD rep. They should keep copies of everything and send the original to the Chair along with receipts. The Chair will send a signed photocopy back to your rep along with the cheque. Disbursements will only occur after the event.

Books by: _____
Amount: _____
C-Date: _____
Check Number: _____

T O P O F F O R M

Teacher: _____ Date: _____

School Rep: _____ Date: _____

PD Chair: _____ Date: _____