

# HGTA Pro-D Form 2:

c/o Box 702 Daajing Giids, BC V0T 1S0

# Post-Activity/Purchase Claim

Revised March 2023

Claimant: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## A. TRAVEL COSTS calculated by Kilometre Rate = .59¢

| 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 |         |          |      |

>>>>

### 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.

T O P O F F O R M

### Per Diem (no receipts required)

|           |         |
|-----------|---------|
| Breakfast | \$20.00 |
| Lunch     | \$25.00 |
| Dinner    | \$40.00 |

### TOTAL Claim

Total In Account  
TTOC costs portion  
Total Approved for Disbursement

|  |
|--|
|  |
|  |
|  |
|  |

Books by:

Amount:

C-Date:

Check Number:

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

School Rep: \_\_\_\_\_

Date: \_\_\_\_\_

PD Chair: \_\_\_\_\_

Date: \_\_\_\_\_