



Employee Professional Development Spending Account Claim Submission

Employee Information

First Name:	Last Name:
Department:	Extension:

Claim Information

Tuition Cost or Course Registration Fees	AMOUNT CLAIMED
Course Name:	\$
Travel Costs (specify):	\$

Professional Association Membership/Licensing Fees	AMOUNT CLAIMED
Costs: Year Start: _____ Year End: _____	\$

Professional Journals or Publications	AMOUNT CLAIMED
Title/Type:	\$

Books/Software	AMOUNT CLAIMED
Details:	\$

Other If submitting for once/fiscal clothing allowance maximum \$50 – Manager approval is not required	AMOUNT CLAIMED
Details:	\$

Briefly explain how this expense benefits the College

EMPLOYEE CONSENT AND DECLARATION

I certify that the information contained in this and other documents supporting this claim are true, full and complete. By submitting this form I understand that I am requesting payment be made for the above expenses, in accordance with the Employee Professional Development Spending Account operating practice.

EMPLOYEE SIGNATURE: _____ DATE: _____ MANAGER APPROVAL: _____ DATE: _____

Completed forms to be forwarded to Human Resources Services for recording and to Finance for payment.

_____ Date recorded in Human Resources Services _____ Date payment issued from Financial Services