



**St. Francis Xavier University
Professional Development Fund Expense Claim Form
for eligible members of the St. FXAUT**

PAYEE: _____
 DEPT/ADDRESS: _____
 DATE SUBMITTED: _____
 TELEPHONE #: _____
 EMAIL: _____

Approved: _____
 Audited: _____
 PEID: _____
 G.L.Account: 62001-6039
 Tax: 62001-1407
 Shaded Areas for Busi

Please indicate how much should drawn from a prior fiscal year

Prior Year \$ - Current Year \$ -

**Original receipts must be submitted
 Photocopies are not acceptable**

Detail of Expenses (Detailed HST Receipts Required)

	(A)	(B)
Total Amount		
H.S.T.		H.S.T.
Included		Amount
	0.00	0.00
Balance Due Claimant	0.00	

I hereby certify that the above is a correct statement of expenses which were incurred for Professional Development as outlined in the agreement, and that the amounts claimed have not previously been, nor will be, claimed or reimbursed to me by StFXU or any other agency. These expenses have and will not be claimed as an income tax deduction.

I understand that as a non-taxable benefit, goods purchased with these funds remain the property of the University and must be returned unless otherwise agreed in advance. In the latter case, the goods become a taxable benefit to the Payee.

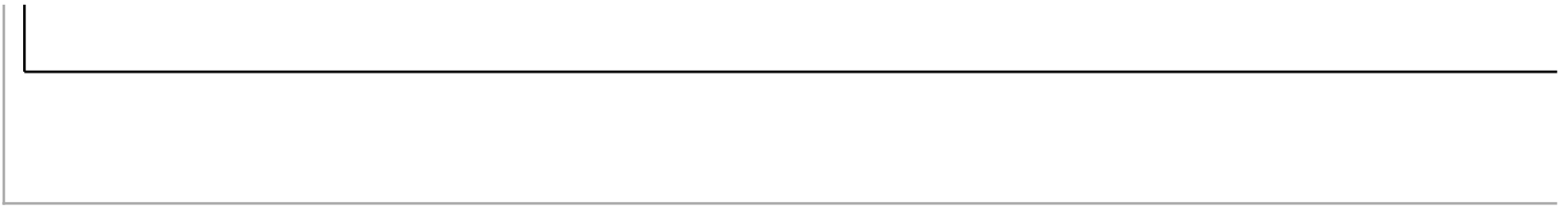
Payee Signature: _____

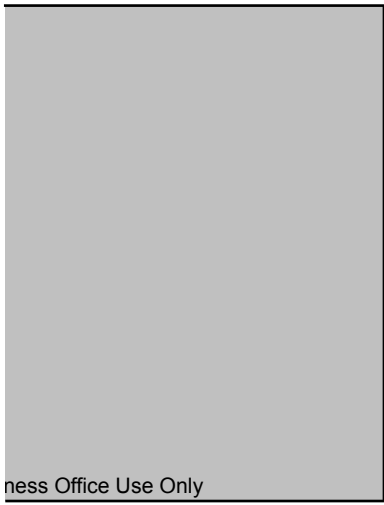
Approver's¹ Signature: _____

Date: _____

Approver's Name(Print): _____

¹Approver is the Dean of the Faculty where Payee holds primary appointment, the University Librarian for Librarian payees, or the Director of the School for payees v Coady Institute or the Writing Centre.





Business Office Use Only

(C)	(D)
67%	Expense
HST Rebate	Allocation
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

the StFXU/StFXAUT Collective
organization. I also certify that

turned to the department or unit

who are employed with the SON,

November, 2015

	Unlock = PDFEC			