



Professional Development Funding Reimbursement
(to be completed after the event for previously approved expenses)

Name of Applicant: _____ APEGS Member #: _____

Position, Company etc.: _____

Contact Details (Address, Phone and Email): _____

Please itemize the previously authorized costs that you want reimbursed and attach / scan receipt(s).

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

By signing below you are agreeing that you will not be reimbursed by any other means for the above costs and that if reimbursed by the SES, you will either present a seminar to SES members or an overview to the SES Executive within 2 months after receiving the funding.

Signature

Date

Completed form should be submitted to: vicepresident@saskatoonengineers.com or mailed to the SES at the above address.

Note: This form should submit with completion certificate and receipts for all the expenses.