

LOCAL DEVELOPMENT PROJECT

RESPONSIBLE FOR THE DEVELOPMENT PROJECT	
Surname, Name	Employee Number
School / Service / Center	Employment Category
PROJECT INFORMATION	
Title	Number of Participants
Project Execution Date	Location
GENERAL OBJECTIVE	
SPECIFIC OBJECTIVES	
31 Ective Objectives	



ESTIMATED COST	S		
Professional Trainer Fees			
SUBSTITUTION FOR TEACHING			
30B31110110N FOR TEACHING			
Half-day Substitution			
Full-day Substitution			
TRAVELLING EXPENSES			
Vehicule Allowance	km x	\$/ km	
Carpooling Compensation	km x	\$/ km	
Car Rental			
Air Travel			
Public Transportation			
ACCOMMODATION EXPENSES			
Lodging	Night(s)		
Non-commercial Establishment	Night(s)		
Meals	Breakfast		
	Lunch(es)		
	Dinner(s)		
	TO	OTAL COST	
SIGNATURES			
Signature of Responsible	Signatur	e of Commi	ttee
	2.8		
Date		Date	

The responsible of the projet commits himself to have all the participants sign it.

LIST OF PARTICIPANTS IN THE LOCAL DEVELOPMENT PROJECT

	NAMES	EMPLOYEE NUMBER	SCHOOL OR CENTER	SIGNATURES
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