



PRO-D & TRAVEL EXPENSE CLAIM FORM (2017-2018)

-- Please submit to the STA Office --

NAME ON REIMBURSEMENT: _____ DATE: _____

SCHOOL: _____

Name of Convention / Workshop / etc.:*

DATE(S) HELD: from _____ to _____

LIST ALL EXPENSES BELOW

(ATTACH ORIGINAL RECEIPTS) except for meals

INVOICE TOTAL

Registration Fees: _____	\$ _____
Breakfast: _____ @ \$14	\$ _____
Meals: Lunch: _____ @ \$16	\$ _____
Dinner: _____ @ \$26	\$ _____
Hotel: _____	\$ _____
Airplane: _____	\$ _____
Ferry: _____	\$ _____
Taxi / Bus: _____	\$ _____
Mileage: _____ km x 0.52	\$ _____
Other: (Professional Memberships, PSAs, Parking, Resources (provide titles) etc.):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSES \$ _____

My Pro-D Fund is paying for a TTOC (\$351/FTE)

Teacher's Name	% of day (FTE)	Name of TTOC

Signature of **Claimant**

Total Reimbursement to Teacher \$ _____

Approved for Payment by School **Pro-D Rep**

<input type="checkbox"/> School-Based Funds _____ School Name	<input type="checkbox"/> Priority Fund Project _____ Project #	<input type="checkbox"/> I am reimbursing the SBO _____ Amount to reimburse the SBO
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* **Out of Province Travel** requires you to complete an **Approval Request** form which can be found on your ESS-My Dashboard under the Miscellaneous heading.

Approved by STA **Pro-D Chairperson**