



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

-- Please submit to the STA Office --

CLAIMANT: _____ DATE: _____

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 \$ _____

I have worked at least 8 call outs in SD63 from July 1 - June 30 of the current school year.

I currently hold another contract and teach part-time.

% of day (FTE)	School

Please send my payment to:
(list a school or mailing address)

Signature of **Claimant**

Total Reimbursement to Teacher \$ _____

In addition to these expenses, I also engaged a TTOC to cover my part-time teaching assignment.
 FTE Callout: % of day (FTE)..... @ \$351 =
 Name of TTOC: _____ Date(s): _____

Approved by STA **Pro-D Chairperson**

* **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.