



# PRO-D & TRAVEL EXPENSE CLAIM FORM (2018-2019)

-- 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: _____	\$ _____
Transportation: _____	\$ _____
Mileage: _____ km x 0.54	\$ _____
Other: (Professional Memberships, PSAs, Parking, Resources (provide titles) etc.:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

My Pro-D Fund is paying for a TTOC\*\* (\$357/FTE)

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

\*\*ADS absence code: **Professional Development**

\*\*TTOC coverage requires approval by your school/site Pro-D rep. This form must be received at the STA office by the end of the month in which the TTOC was engaged.

Shared Expenses

Shared with (Teacher's Name)	School	Amount \$	Description of Expense(s)

Signature of **Claimant** \_\_\_\_\_

**Total Reimbursement to Teacher**

\$ _____
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Approved for Payment by School **Pro-D Rep**

<input type="checkbox"/> School-Based Funds	<input type="checkbox"/> Priority Fund Project	<input type="checkbox"/> I am reimbursing the SBO
_____	_____	_____
School Name	Project #	Amount to reimburse the SBO

\* **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** \_\_\_\_\_