



STA Professional Development Reimbursement Form

-submit by uploading to STA ProD website or to STA Office-

NAME: _____ DATE: _____

Description of Event: _____

DATE(S) _____

FUND ACCESSING

<input type="checkbox"/> School-Based Funds	<input type="checkbox"/> Priority Fund Project	<input type="checkbox"/> TTOC	<input type="checkbox"/> Contingency
_____	_____	<i>I also hold a part-time SD63 contract</i>	
School	Project #	FTE:	School:

EXPENSES

Registration Fee: \$ _____ *receipt

Meals: B ___ @ \$14; L ___ @ \$16; D ___ @ \$26 \$ _____

Mileage: _____ km x 0.54 \$ _____

Other – Accommodation, transportation, Professional Memberships, PSAs, Parking, Resources -provide titles, etc.:

_____ \$ _____ *receipt

_____ \$ _____ *receipt

_____ \$ _____ *receipt

Pro-D Fund is paying for my TTOC **

Name of TTOC _____ % of day _____ x \$351 \$ _____

****ESS code: ProD – Teachers - requires approval by your school Pro-D Rep or Priority Fund Project Lead. This form must be submitted within 1 week of the absence.**

Name on Cheque:

same as above

SD63: GL code: _____

Send Payment To:

same as above

mailing address for TTOC's:

Total Reimbursement \$

Cheque Total \$

<input type="checkbox"/> Shared Expenses	Shared with (Teacher's Name)	School	Amount \$	Description of Expense(s)

* **Out of Province Travel** requires you to complete a SD63 **Approval Request** form which can be found on your ESS-My Dashboard under the Miscellaneous heading.

Signature of **Claimant**

Approved by School **Pro-D Rep**