STA Professional Development Reimbursement Form
-submit by uploading to STA ProD website-

SAANICH TEACHERS' ASSOCIATION

NAME: _____ DATE: _____

Description of Event: _____

_____ DATE(S) _____

FUND ACCESSING

☐ School-Based Funds ☐ Priority Fund Project ☐ TTOC ☐ Contingency

_____ _____
School Project #

I also hold a part-time SD63 contract
FTE: School:

EXPENSES

Registration Fee: $_____ *receipt

Meals: B ___ @ $20; L ___ @ $25 ; D ____ @ $40 $_____

Mileage: _____ km x $0.68/km $_____

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.

☐ Reimbursing SD63

GL code: _____

Cheque Attention To:

_____

Total Reimbursement	**$**
Cheque Total	**$**

☐ 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**