



STA Professional Development Reimbursement Form

-submit by uploading to STA ProD website or hard copy 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
_____ School	_____ Project #	<i>I also hold a part-time SD63 contract</i>	
		FTE: _____	School: _____

EXPENSES

Registration Fee: \$ _____ *receipt

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

Mileage: _____ km x 0.68 \$ _____

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

_____ \$ _____ *receipt

_____ \$ _____ *receipt

_____ \$ _____ *receipt

_____ \$ _____ *receipt

Pro-D Fund is paying for my TTOC - Billed at \$512/day **

Name of TTOC _____ % of day _____ \$ _____

****ESS code: ProD-Teach: 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 or school site _____

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)

Signature of **Claimant** _____

Approved by School **Pro-D Rep** _____