STA Professional Development Reimbursement Form

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

SAANICH TEACHERS' ASSOCIATION

NAME: _____ DATE: _____

Description of Event: _____

_____ DATE(S) _____

FUND ACCESSING

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

_____   _____   *I also hold a part-time SD63 contract*
School   Project #   *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 $

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

_____   _____
Signature of **Claimant**   Approved by School **Pro-D Rep**

Updated Sept 2024