SAANICH TEACHERS' ASSOCIATION

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

☐ 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 ___ @ $24.14; L ___ @ $23.29 ; D ____ @ $49.05 $_____

Mileage: _____ km x 0.72 $_____

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

_____ $_____ *receipt

_____ $_____ *receipt

_____ $_____ *receipt

_____ $_____ *receipt

Pro-D Fund is paying for my TTOC **

Name of TTOC_____ % of day_____x 512 $_____

****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 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 2025