



# 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 \_\_\_\_ @ \$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**