



**Professional Development
REIMBURSEMENT APPLICATION FORM**

For 2017 – 2018 School Year

DEADLINE for submission to District Office is May 4th, 2018

MEMBER INFORMATION:

BARGAINING UNIT: Teachers _____ Occasional Teachers _____

Name:	Phone:
Address:	
Description and Rationale of the Professional Development Activity:	
Location and Date(s) of P.D. Activity:	

EXPENSES TO BE REIMBURSED

\$ TOTALS

1. Registration / Course Fee / Materials / Tuition

Be sure to attach receipts.

2. Mileage (or Travel Expense – attach receipt)

KMs To: _____

KMs From: _____

Total kms x \$.42

total = _____

OR Travel Expense type:
(eg. taxi/transit)

OR Travel Expense

total = _____

3. Accommodation

Be sure to attach receipts.

Accommodation

total = _____

TOTAL CLAIM

Applicant's Signature

Date

For Internal Use - Executive or Chair's Signature

Date