

Date Received: _____

Cheque Number: _____

Date Issued: _____

HORIZON SCHOOL DIVISION NO. 67/ ATA LOCAL#4 JOINT PROFESSIONAL DEVELOPMENT

PROFESSIONAL DEVELOPMENT CLAIM FORM

Please complete both pages of this form.

Name: _____

Mailing Address: _____

Town: _____ P.C. _____

PD Activity/Title _____

Date of Activity: _____

School: _____ School Phone: _____

Estimated Costs	Amount Requested	Date submitted: _____
Registration Fee	_____	
Distance Traveled _____ @ .505 km*	_____	Amount approved: _____
Accommodation	_____	_____
Meals	_____	_____
Substitute rate (if required)	_____	_____
Other: _____ (specify)	_____	_____
TOTAL	_____	_____

Sub Fees: Sub fees are based on the number of days your school operates per week

5 day week: \$204.13 per day 4.5 day week: 226.80 per day 4 day week: \$255.11 per day

*Teachers may claim either kilometre-age or gas receipts, whichever they feel is a better use of their funds.

*****Check with your PD rep for the current status of funds.*****

Should the joint PD fund be depleted, no reimbursement will be issued.

PROFESSIONAL DEVELOPMENT CLAIM FORM

Please comment of the relevance of this conference/workshop:

Were there any speakers at your conference/workshop that you would recommend for our division PD activities?

Signatures: Please provide the following signatures:

Teacher: _____

Principal: _____

PD Committee Rep: _____

Please double check all calculations, and obtain required signatures. Incorrect forms will result in delay of payment. Send completed forms to the PD treasurer using:

Interschool mail: Roxane Holmes: Lomond Community School

Snail Mail: Roxane Holmes Box 218, Lomond Alberta, T0L 1G0

Email: (cut and paste) holmesroxane@gmail.com 403-308-8761 (cell) 403-792-3608 (FAX)