

PRO-D FUNDING APPLICATION FORM

FORM # _____

NWTU, District #40

Refer to previously submitted FORM # _____

Last revision February 2023

1. This form is to be used for all requests for funds for teachers to participate in personal professional development initiated by the individual or their department. If you require a TTOC, please complete a TTOC request form
2. FORWARD THE ENTIRE FORM TO THE PRO-D BOX WHEN YOU HAVE COMPLETED ALL OF SECTIONS A-H. Photocopy for your own record.
3. Applications that require additional information, documentation, receipts or reference to previously submitted forms may require more time to process and may not be done by the end of the same month.

A. NAME: _____ Dept: _____ F.T.E. _____

B. Topic: _____

Place: _____ Date(s) of activity: _____

C. Funding Area: _____ Individual Pro-D Funds
_____ Department Pro-D Fund
_____ School General Pro-D Funds

D. EXPENSES:

a) Resources for personal pro-d: receipts and itemized list required \$ _____

b) Registration Fee: invoice/registration form for a 3rd party cheque
receipt are required for a personal reimbursement \$ _____

c) Accommodation:

- hotel at cost, receipts required, \$ _____

- with friends or relatives claim \$25 per night
Gift in lieu of hotel accommodation covering _____ nights \$ _____d) Meals including gratuities: claim allowance or submit receipts.
(Allowances based on most current BCTF Members' Guide)

Allowance:	breakfast	\$20 x _____ day(s) =	\$ _____
	lunch	\$25 x _____ day(s) =	\$ _____
	dinner	\$40 x _____ day(s) =	\$ _____

e) Transportation:

(i)&(ii) invoice for a 3rd party cheque / receipt for personal reimbursement

(i) public transportation at cost \$ _____

____ air ____ train ____ bus ____ taxi ____ limousine ____ ferry

(ii) parking at cost \$ _____

(iii) mileage rate: _____ km @ 68 cents \$ _____

(iv) bicycling rate: _____ km @ 26 cents \$ _____

E. CHEQUE(S) PAYABLE TO _____

F. TOTAL AMOUNT OF THIS CLAIM \$ _____

G. I acknowledge that the expenditures claimed on this form is entirely for PROFESSIONAL DEVELOPMENT (e.g.: NOT learning resources that will be used in the classroom) and that the information is complete, accurate and all receipts are attached.

Applicant's signature: _____ (date) _____

H. Acknowledgement: obtain these signatures, then submit to the Pro-D box.

NWSS: Dept Head _____ (date) _____

(To be co-signed by a dept member when a dept head withdraws dept funds)

Other Schools: PD Treasurer _____ (date) _____

(To be co-signed by a dept member when a dept head withdraws dept funds)

(PRO-D COMMITTEE USE ONLY)

Processed: _____

Cheque(s) issued: # _____

\$ _____

Transfer of Funds Form # _____

Applicant's Account balance \$ _____

Department Account Balance \$ _____