



TTOC APPLICATION FORM FOR PRO-D FUNDING

Teacher Teaching on Call Professional Development Fund

1. This form is to be used for requests from Teachers Teaching On Call for funds to participate in personal professional development.
2. Send the completed form to the NWTU office at nwtuadmin@telus.net. Photocopy for your own record.
3. Due to limited funds, access to the TTOC Pro-D funds is on a first come, first served basis.
4. Funding will be limited to up to **\$150**.
5. Any TTOC with a part-time contract will be ineligible to access this fund.
6. All funding applications must be into the NWTU office by May 31st of the school year in which the professional development event occurs.

A. Name: _____ Phone Number: _____

Home Address: _____

B. Topic: _____

Place: _____ Date(s) of activity: _____

C. 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 @ 72 cents \$ _____

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

B. CHEQUE(S) PAYABLE TO _____

C. TOTAL AMOUNT OF THIS CLAIM \$ _____

D. 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) _____

Authorizer signature: _____ (date) _____

NWTU OFFICE USE ONLY)

Cheque(s) issued: # _____ \$ _____

Date: _____