

PRO-D FUNDING APPLICATION FORM

FORM # _____

Teacher on Call Professional Development Fund

Refer to previously submitted FORM # _____

Last revision April 2016

1. This form is to be used for all requests for funds for teachers on call to participate in personal professional development.
2. FORWARD THE ENTIRE FORM TO THE NWTU OFFICE WHEN YOU HAVE COMPLETED ALL OF SECTIONS A-G. 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.
4. Due to limited funds, access to the TOC Pro-D funds is on a first come, first served basis.
5. Funding will be limited to up to \$100 in the 2015/2016 school year.
6. Any TOC with a contract will be ineligible to access this fund.
7. All funding applications must be into the NWTU office by June 15, 2016.

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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	\$14 x _____ day(s) =	\$ _____	
	lunch	\$16 x _____ day(s) =	\$ _____	
	dinner	\$26 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 @ 52 cents \$ _____
 (iv) bicycling rate: _____ km @ 26 cents \$ _____

D. CHEQUE(S) PAYABLE TO _____

E. TOTAL AMOUNT OF THIS CLAIM \$ _____

F. 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) _____

G. Acknowledgement: submit to the NWTU Office.

NWTU Pro-D Chair _____ (date) _____

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(PRO-D COMMITTEE USE ONLY)

Processed: _____

Cheque(s) issued: # _____ \$ _____