

## **District 15 – Teachers/Occasional Teachers Application Form**

Name:	School:			
Personal Email Address:	For use in the event that elements of your applic	ation require clarification o	r additional docum	entation is requested.
Program Name:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Description:				
Date of Program:	Dates of Absence from School:			
Location / Address Where Prog	gram Occurred:			
The deadline to submit ap	other activities paid for from Mapplications to the District Office for vices Representative at your worksite if	or the eligibility p	eriod is <u>May</u>	<mark>, 15, 2023</mark> .
PLEASE REMEMBER:	CLAIMED AMOUNTS	TOTAL COST (in	icl. HST)	HST Paid
To attach a brochure / agenda / overview of the conference or workshop, regardless of whether or not you are claiming registration fees;	Registration Fees:  Meals:			
To attach all supporting documentation and receipts. Documentation for courses must include the your name, the amount paid, the name of the course, and date/time period of	Hotel: Parking:	Maximum \$200 p Maximum \$20 p		
the course;  To indicate the names of any passengers that travelled in your vehicle;	Mileage:	Distance:		
To indicate where costs have				Passengers' Names
been covered by other sources (e.g. if your principal has covered your registration costs).	LESS Funding From Other Sources:	\$	Source:	
THANK YOU	TOTAL CLAIM AMOUNTS:			
Member Signature:		Date:		
Branch Ed. Services Rep:		Date:		
OR OFFICE USE ONLY:				
Date Claim Approved:	Signature E	d Services Chair:		
Total Amount Approved:	First Amount Reimbursed:			