

COWICHAN DISTRICT TEACHERS' ASSOCIATION
REMEDY REIMBURSEMENT FORM
 SEND FORM AND RECEIPTS TO: COWICHANDTA@SHAW.CA

Date: (mm/dd/yy)	Home E-mail:
Name: (Last, First)	School/Site:
Name of Event/Workshop (please do not abbreviate) OR <input type="checkbox"/> Self Directed	
Event Location:	
Event Date (mm/dd/yy): From _____ To _____	
Teacher Teaching on Call Engaged on Dates:	

Cost of Supplies: (receipts required)

\$

Registration Fee if professional development:

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Travel Costs: (receipts required; may be copies)

- * Airfare: (Ticket stubs, boarding passes and/or e-tickets must accompany receipt.)
- * Ferry
- * Bus/Taxi/Parking/Highway Tolls
- * Hotel
- * Mileage from Fuel Grid (Receipts not Required)

- * Meals: (Receipts not Required)
 - Breakfast \$12 on _____
 - Lunch \$14 on _____
 - Dinner \$24 on _____

TOTAL

Signature of Applicant: _____

FOR OFFICE USE ONLY

Date Received: _____ *Cheque Amount* _____ *Cheque Number* _____

Approved by: _____