

COWICHAN DISTRICT TEACHERS' PROFESSIONAL DEVELOPMENT FUND
REIMBURSEMENT AND POST EVENT REPORT (FORM B)

EMAIL: COWICHANDTA@SHAW.CA

SUBMIT THIS REPORT WITH ORIGINAL RECEIPTS. PLEASE INCLUDE A CONFERENCE BROCHURE AND/OR AGENDA. USE AS MUCH SPACE AS YOU NEED TO PROVIDE INFORMATION. THIS CONFERENCE REPORT WILL BE AVAILABLE TO THE CDTA EXECUTIVE AND PD COMMITTEE FOR REVIEW.

School or worksite:	Date: (mm/dd/yy)
Name: (Last, First)	
Home E-mail:	
School/Site:	
Name of Event/Workshop (please do not abbreviate)	
Event Location:	
Event Date (mm/dd/yy)	From: ____/____/____ To: ____/____/____
Teacher Teaching on Call Required	
<input type="checkbox"/> No – not required	<input type="checkbox"/> Yes, on _____
<input type="checkbox"/> No – non-enrolling	<input type="checkbox"/> full day <input type="checkbox"/> am <input type="checkbox"/> pm

Reimbursement will be for amounts shown on **original receipts** that are submitted with this form after the event.
For this school year, the personal allotment is \$500 per member, plus the cost of one TTOC.

Registration Fee:

Travel Costs: (Original receipts required for airfare, ground transportation and other costs.)

* Airfare: (Ticket stubs, boarding passes and/or e-tickets must accompany receipt.)

* Ferry

* Bus/Taxi/Parking/Highway Tolls

* Hotel

Receipts not Required for:

* Automobile from Fuel Grid

* Meals: Breakfast \$12 on _____

Lunch \$14 on _____

Dinner \$24 on _____

TOTAL

FOR OFFICE USE ONLY

Date Received: _____

Cheque Amount _____

Cheque Number _____

Approved by: _____

and

CDTA PD Chair

CDTA PD Treasurer

POST EVENT REPORT

It is expected that successful applicants to the Fund will be willing to share what they have learned from the conference or event. From 4.20 of Appendix 2 of the CDTA constitution, "**A teacher attending workshops, conferences or seminars is expected to be available as a local resource person for their school staff and/or other district teacher group(s).**"

Briefly, what materials, information, or instructional strategies did you obtain from this activity that you will share with your colleagues and students?

Would you be willing to share what you learned by:

- Having discussions with colleagues
- Presenting at school-based Professional Development Day
- Presenting at district-based Professional Development Day in May

Please remember:

- **No applications will be considered after an event (see section 4.18 of Appendix 2 of the CDTA constitution).**
- From 4.16 of Appendix 2 of the CDTA constitution, "*Claims for reimbursement of approved expenses must be made within **three weeks** of the date of the activity. The onus for claiming expenses rests entirely upon the member and funds allocated to members which remain unclaimed after this three week period will be released and become available for further use by the CDTA members.*"
- Follow the directions on the Pro D Reimbursement (Form B) in order to be reimbursed.
- Reimbursement cheques will be sent to school PD reps.
- Submit this completed form with **original** receipts to the CDTA office via interschool courier.
- **Funding is from July 1st to June 30th of the current school year.**

Have you:

- ✓ Completed this form in full?
- ✓ Submitted this form to the school/site PD Rep no later than **3** weeks after the activity and to the CDTA office for reimbursement?
- ✓ Made a photocopy of this application form and receipts?
- ✓ Completed the post conference report section?

Signature of Applicant: _____ and PD Rep Initials: _____