

OSSTF EDUCATIONAL SERVICES COMMITTEE - FUNDING APPLICATION 2023-2024

Name: _____ **Workplace:** _____
 (Surname, First Name) PLEASE PRINT PLEASE PRINT

- Teacher
 Community Education Instructor
 PSSP
 Occasional Teacher

Name of activity: _____

Arrival Date: _____ **End Date:** _____ **Location:** _____

How will this P.D. Activity support your responsibilities at your workplace? PLEASE BE SPECIFIC.
 (This must be completed for funding consideration)

NOTE: If sharing expenses, please provide name(s) of colleagues and school and photocopy of the original receipts.

VERIFICATION (MANDATORY)		INCLUDED?
*Have you provided confirmation of participation? (e.g. certificate of participation or name tag)		<input type="checkbox"/>
EXPENSES (include receipts for each item you claim)	RECEIPT INCLUDED	AMOUNT
Registration fee	<input type="checkbox"/>	\$ _____
Travel (bus ticket, train ticket, gas receipts)	<input type="checkbox"/>	\$ _____
Accommodation	<input type="checkbox"/>	\$ _____
Meals (Breakfast \$20.00, Lunch - \$30.00, Dinner - \$60.00) *These are maximum amounts per meal as per funding guidelines	<input type="checkbox"/>	\$ _____
Other (please specify)	<input type="checkbox"/>	\$ _____
TOTAL EXPENSES		\$ _____

Please list alternate funding sources you accessed (Name sources and amounts granted)		
		\$ _____
		\$ _____
LESS total of other requests		\$ _____

Total requested from OSSTF Educational Services Committee	\$ _____
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_____ **Date of Request** _____ **Signature of Applicant** _____ **School/BU ESC Rep. Signature**

This form must be completed in its entirety to be considered for funding – provide your original documents and a copy of the whole package to your ESC Rep. A copy of all documents and this form must also be emailed to randlem@limestone.on.ca in pdf format by May 31, 2024.

FOR COMMITTEE USE ONLY

Final Payment Amount: _____ Days: _____

Approved by: _____ Cheque No. _____