

## OSSTF EDUCATIONAL SERVICES COMMITTEE FUNDING APPLICATION 2021-2022

**Name:** \_\_\_\_\_ **Workplace:** \_\_\_\_\_  
 (Surname, First Name) PLEASE PRINT PLEASE PRINT

Teacher       Continuing 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 \$15.00, Lunch - \$25.00, Dinner - \$50.00) *These are maximum amounts per meal as per funding guidelines	<input type="checkbox"/>	\$ _____
Other (please specify)	<input type="checkbox"/>	\$ _____
<b>TOTAL EXPENSES</b>		<b>\$ _____</b>

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

<b>Total requested from OSSTF Educational Services Committee</b>	<b>\$ _____</b>
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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.** ★

**FOR COMMITTEE USE ONLY**

Early Payment Amount: \_\_\_\_\_ Final Payment Amount: \_\_\_\_\_ Days: \_\_\_\_\_

Approved by: \_\_\_\_\_ Cheque No. \_\_\_\_\_