

OSSTF EDUCATIONAL SERVICES COMMITTEE FUNDING APPLICATION 2019-2020

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"/>	\$ _____
	TOTAL EXPENSES	\$ _____

Please list alternate funding sources you accessed (e.g. \$100 Board PD support) (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.** ★

FOR COMMITTEE USE ONLY

Early Payment Amount: _____ Final Payment Amount: _____ Days: _____

Approved by: _____ Cheque No. _____