

OCTAV PD Fund: Application for Funds

NOTE: This is an application for funds only. All original receipts supporting your expense claims must accompany this form and be submitted to the OCTAV PD Treasurer to receive reimbursement. For PD Expenses to be considered, they must clearly relate to a TTOC position, specifically teaching in S.D. 22, not tutoring or other home-based business activities.

Date of Application: Year _____ Month _____ Day _____

Name of Teacher: _____

Personal Email Address: _____

(This will be used for communication with the OCTAV Treasurer, and if you give permission by checking the box below, will be added to the OCTAV mailing list, where you will receive updates and information pertaining to TTOC's in S.D. 22)

I would like my email address to be added to the OCTAV mailing list.

Mailing Address: _____
Postal Code: _____

Home/Cell Telephone Number(s): _____

Are you currently on the SD#22 TTOC list: Yes No (please circle one)

Do you currently have a part-time contract? Yes No (please circle one)

If yes, FTE: _____ At which school(s)? _____

Do you have access to any PD funding through a school? Yes No (please circle one)

****NOTE:** If you don't know, ask your school's PD Representative.

Please see OCTAV PD guidelines for expenses that may be claimed herein.

Name of Conference/ Workshop: _____

Location: _____ Date(s): _____

From: Month _____ Day _____ To: Month _____ Day _____

Claim:

PSA Memberships (\$50/ year) \$ _____

Registration Fee (up to \$200/ year) \$ _____

Child Care (Twice per Year:
\$35.00/ day for 1 child
\$50.00/ day for 2 or more) \$ _____

Travel Expenses (up to \$150/ year) \$ _____

(Kms _____ Travelled to _____ and from _____)

Names of Carpooling Members: _____

Professional Development Materials (up to \$100/ year) \$ _____

Total: \$ _____

Office Use Only

Amount Approved \$ _____ OCTAV PD Treasurer _____