

Application and Claim Form (P.D. 001)
to the In-School PD Committee

Purpose: see guidelines

N.B.: A photocopy of your registration form and a brochure which outlines full details with respect to the event must accompany this application and claim form.

Applicant (please print) _____

Program/Purpose _____

Organization/Sponsor _____

Location _____

Dates: Starting Date _____ at _____ (time)
 Completion Date _____ at _____ (time)

ESTIMATE OF	REQUEST	APPROVED	ACTUAL
1. Registration/Tuition/Professional Materials			
2. Travel: _____ km x _____ cents/km (Complete only if you are driving or employing another mode of travel)			
3. Accommodation a) Name of individual if sharing _____			
b) Number of nights _____			
c) Double rate _____ Single rate _____			
d) Total cost (Max.\$200/night) _____			
4. Meals (other than those provided) Max. \$60/day)			
AMOUNT REQUESTED/APPROVED _____			
Applicant's Signature			
NUMBER OF SUPPLY DAYS: _____			
Principal's Signature			

Committee Signatures: _____

*****PLEASE INCLUDE ALL RECEIPTS WHEN SUBMITTING CLAIM***