

2011-2012
ST. JAMES-ASSINIBOIA Teachers' Association
Conference & Travel Expense Claim Form

Part 1 – General Information

Name: _____ School: _____ Position/Title: _____

P.D. Event: _____

Date(s) of event: _____ Location: _____
(City & Province / State)

Part 2 – Financial Report Original Receipts must accompany your claim. Please attach them securely.

A) Registration: \$ _____ (A)

B) Transportation:
Main Transportation, Specify _____ \$ _____ (B)
Other Transportation, Specify _____ \$ _____ (B)

C) Accommodation:
Specify _____ \$ _____ (C)

D) Meals: (See guidelines.)
Meals will be reimbursed for Out-of-Town sessions at the following *per diem* rates: (Receipts are not required)

| | | |
|-------------|-------------------------|--------------|
| Breakfast – | Number of meals _____ x | \$ _____ (D) |
| Lunch – | Number of meals _____ x | \$ _____ (D) |
| Supper – | Number of meals _____ x | \$ _____ (D) |

E) Other expenses
Specify _____ \$ _____ (E)

Sub Total A+ B + C + D \$ _____ (F)

G) Funding From Other Sources and Advance Funding
Specify (Be sure to include any advance funds from STJATA) _____ \$ _____ (G)

Part 3 – TOTAL

Total Funding Requested from St. James Teachers' Association (Minimum of \$25)

F – G = H \$ _____ (H)

STJATA Professional Development
PD Commentary Form

Name: _____ School: _____

P.D. Event: _____

Sponsored by: _____

Date(s) of event: _____ Location: _____

General Description of the PD event:

How has this PD event helped you as a professional?

Would you recommend this event to your colleagues? _____

(Feel free to use the reverse side of this form to add any additional comments you wish.)