

APPLICATION FOR INDIVIDUAL EDUCATIONAL SERVICES FUNDING

NAME: _____
(Surname, First Name) PLEASE PRINT

Workplace / School / TBU _____

Continuing Education Instructors

PSSP (Site Location _____)

Occasional Teachers

NAME OF P.D. ACTIVITY: _____

ARRIVAL DATE: _____

END DATE: _____

LOCATION: _____

BRIEF DESCRIPTION *(attach additional materials if possible)* _____

NOTE: If sharing expenses, please provide name(s) of colleagues and school and photocopy of the original receipts.

FUNDING INFORMATION

EXPENSES	RECEIPT	ORIGINAL	COPY
Registration fee <i>(include receipt in all submissions)</i>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Travel <i>(bus ticket, train ticket)</i>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Meals (Breakfast \$13.00, Lunch - \$17.00, Dinner - \$47.00)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify)</i>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL EXPENSES	\$ _____		

Other funding support requested or approved ie. \$100 board support. (Please name sources and amounts requested – i.e. EIL)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____ **LESS** Total of other Requests \$ _____
TOTAL REQUESTED FROM DISTRICT 27 P. D. COMMITTEE \$ _____

_____ Date of Request _____ Signature of Applicant _____ Initial School Rep _____

FOR COMMITTEE USE ONLY

Approved: _____ Days at \$ _____ Per day = \$ _____

Date of Approval: _____ Approving Officer: _____

Treasurer of District 27: _____ Cheque No. _____