

ATA Local No. 14
Individual Teacher Professional Development Fund Application Form

Teacher Name	
School/Department	

Conference/Workshop Title	
Dates of Activity	
Location of Activity	
Funding from Other Sources (school PD funds, etc.)	

		Estimate	Actual
Registration Fees*		\$	\$
Travel Expenses	Airfare*	\$	\$
	Automobile Rental*	\$	\$
	Personal Vehicle Use _____ km @ \$0.58/km	\$	\$
	Actual Vehicle Use _____ km @ \$0.58/km	\$	\$
	Taxi/Shuttle/Parking*	\$	\$
Hotel Accommodation (up to \$200.00) per day including taxes/charges)*		\$	\$
Meals (Receipts need to be included with claim.)	breakfasts estimate @ \$10.00	\$	
	breakfasts actual @ \$10.00		
	lunches estimate @ \$20.00	\$	
	lunches estimate @ \$20.00		
	suppers estimate @ \$30.00	\$	
TOTAL (School Reps please initial)			

* Receipts required

Date of Application	
Applicant Signature	
School PD Council Representative Signature	
Principal Signature	

Please provide a mailing address address for reimbursement: