

OCTAV Pro-D 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 Pro-D Treasurer to receive reimbursement. For Pro-D Expenses to be considered, they must clearly relate to a TOC position, specifically teaching in S.D. 22, not tutoring or other home-based business activities.

Date of Application: Year _____ Month _____ Day _____

Name of Teacher: _____

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 TOC's in S.D. 22)

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

Mailing Address: _____

_____ Postal Code: _____

Telephone Number: _____

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

Do you currently have a part-time contract? _____ FTE: _____

At which school/s? _____

Do you have access to any Pro-D funding through a school? _____

Please see OCTAV Pro-D 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 (up to \$70 - \$90/year) \$ _____

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 Pro-D Treasurer _____