

Only reimbursements for the current school year will be considered and are due by June 15th. **RECEIPTS REQUIRED.** Please submit applications prior to the activity and allow 1 month for approval and processing. **Please note if you are currently on leave you are not eligible to participate in PD.**

APPLICATION FOR PROFESSIONAL DEVELOPMENT FUNDS

NAMI	Ε:	SCHOOL/WORKSITE:				
DATE	: PHONE:		EMA	AIL:		
	ACCESS: INDIVIDUAL CENTRAL ACCOUNT (INCLUDING SUPPLEMENTAL ALLOTMENT) SCHOOL CENTRAL ACCOUNT (SCHOOL PD REP APPROVAL REQUIRED) LSA CENTRAL ACCOUNT (LSA REP APPROVAL REQ	and/or QUIRED)		APPLY FOR: INDIVIDUAL INITIATIVES SCHOOL INITIATIVES GROUP INITIATIVES TTOC INITIATIVES		
EOD I	NDIVIDUAL /TTOC INITIATIVES ADDITICATIO	Registration/Fees \$				
FOR INDIVIDUAL /TTOC INITIATIVES APPLICATIONS AND/OR INDIVIDUAL CENTRAL ACCOUNT REIMBURSEMENTS.				Accommodation	\$	
Description of workshop, conference, PD activity, resources or			Ì	Transportation \$		
prote	ssional association fees:	on fees: Meal Per Diems Breakfast \$20 Lunch \$25 Dinner \$40 Mileage .70/km or BCTF max \$				
				Mileage .70/km or BCTF max	\$	
				TTOC Release	\$	
				Prof Assoc Fees	\$	
				Prof Resources	\$	
				Subtotal		
Event	Date(s): Location:			LESS School funding	\$	
				LESS Individual funding	\$	
			\dashv	Total Funds Requested	\$	
SCHOOL CENTRAL ACCOUNT REIMBURSEMENTS PD date: Description: □ Debit per-teacher share from individual accounts \$ □ Debit central school account \$ □ Debit central school account \$				☐Send chq to school ☐Will pick up chq		
				KTTA OFFICE USE ☐ Accessed Initiatives in Past 3 years Individual/TTOC Funds Available \$ PD COMMITTEE AUTHORIZATION		
Please list teachers to be debited or email a list to office@ktta.ca.				Date:		
School	ol PD Rep Authorization			☐ Approved ☐ Denied School Funds \$ Individual Funds \$ Initiative Funds \$		
	TO REP AUTHORIZATION			Total Approved \$		

planned non-instructi	oports schools and groups to bring in presen onal days. Events outside of NIDs may also ticipation is open to other interested school	be conside	red.	school committee-					
APPLICATION FOR SCHOOL or GROUP INITIATIVES FUNDS									
PD Rep or Contact		School							
Email		Phone							
	 INFORMATION A	ND EXPEN	SFS						
Presenter Name									
Presenter Contact									
SESSION DETAILS:									
☐ A fee is being charged to attend this event \$ Maximum Participants:									
Session Title			Session Date						
Expense Details (pre	Amount								
	,	,		\$					
				\$					
				\$					
	l	\$							
	\$								
	\$								
	\$								
KTTA OFFICE USE									
☐ Request approve Approved from ☐ So Notes:	rint and submit to fice@ktta.ca								