APPLICATION FOR FUNDING - INDIVIDUAL CONFERENCE/WORKSHOP

(Revised Jan. 2024)

Email Completed Form to office@d26.osstf.ca

Incomplete applications <u>cannot</u> be processed.

Name (print):	Email address:
Worksite:	<u></u>
Principal's Signature:	Date:
CONFERENCE/WORKSHOP INFORMATION	
Full Title:	Location:
Conference Information: www	
Program Dates: From:	To:
Briefly describe how this activity will benefit your students or your colleagues:	
FUNDING REQUEST	
EXPENSES: Estimate unknown costs Total reimbursement will not exceed \$800.00 (plus Oct.)	ccasional Teacher costs; plus Carpooling Premium)
Registration Fees: \$ Trave	l (lesser of 0.64/km or train/plane fare):km
Accommodation: \$\$	Car Pooling (0.74/km): \$ Passenger(s):
Child Care: (\$25 daily; max 2 days) \$	Food (\$50 daily; max 2 days): \$
2. RELEASE TIME (normally required to be away): (mo	ax 1 day) One Day Half Day None
3. OCCASIONALTEACHER REQUIRED: (max1day) On	e Day Half Day None
Indicate Occasional Teacher required only if the applicant is to be released from classroom duties. The school will be reimbursed by the SPDF for approved OT costs.	
EXPENSE CLAIM Following your event, submit SPDF Expense Claim Form. Original receipts are required for all expenses except mileage	

Should you be unable to attend this event, please notify the District Office <u>immediately</u> so that funds may be reallocated to other applicants.