

APPLICATION FOR FUNDING - INDIVIDUAL CONFERENCE/WORKSHOP

(Revised Sept 2017)

Email Completed Form to office@d26.osstf.ca

Incomplete applications cannot be processed.

Name (print): _____ Email address: _____

Worksite: _____ Worksite Fax: _____

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

1. **EXPENSES:** *Estimate unknown costs*

Total reimbursement will not exceed \$650.00 (*plus Occasional Teacher costs; plus Carpooling Premium*)

Registration Fees: \$ _____ Travel (lesser of 0.45/km or train/plane fare): _____ km \$ _____

Accommodation: \$ _____ Car Pooling Premium (.10/km): \$ _____

Child Care: (\$25 daily; max 2 days) \$ _____ Food (\$50 daily; max 2 days): \$ _____

2. **RELEASETIME** (normally required to be away): (*max 1 day*) One Day ____ Half Day ____ None ____

3. **OCCASIONALTEACHERREQUIRED:** (*max 1 day*) One 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 immediately so that funds may be reallocated to other applicants.