



Local 37 of The Alberta Teachers' Association

STAFF DEVELOPMENT FUND EXPENSE CLAIM 2019-2020

Individual (to a maximum of \$1,800 in a two year period)

Group (to a maximum of \$1,000 per group member to a total maximum of \$5,000 per group)



Form with fields: Surname (Please Print), Given Names (in full) underline name used, Name of Activity, School/DU, School Phone Number, Date(s) of Activity, Email Address, Alternate Contact Number, Location of Activity, Mailing Address (for reimbursement purposes) Street, City, Province, Postal Code

For group activities, list the names of group members

Total Amount of Funding Approved (through the application process) \$ _____

ELIGIBLE PERSONAL EXPENSES THAT ARE NOT COVERED BY OTHER SOURCES (See Staff Development Fund Guidelines)

All expenses must be listed in Canadian dollars. Expenses paid in another currency must be accompanied by documentation indicating the exchange rate as per the Bank of Canada, on the date that the expense was incurred. Please include receipts.

Conference or Activity Fee/Course Fee/Resource Cost (attach receipt) \$ _____

Travel

Airfare (attach itinerary and receipt) \$ _____

Private vehicle _____ km at \$0.505/km \$ _____

Total Travel Expenses \$ _____

Taxi/Airport Shuttle/Bus/Parking (attach receipts) - When travelling for work, Uber/Lift is not considered viable, therefore will not be re-imbursed. \$ _____

Hotel Accommodation (attach receipt) - Temporary accommodation rentals like Air-BnB or VRBO will NOT be considered viable accommodations, and therefore will not be reimbursed. \$ _____

Meals per diem without receipts = \$47 CAD [] Breakfast (\$10.00) Date(s): [] Lunch (\$13.50) Date(s): [] Dinner (\$23.50) Date(s): \$ _____

Substitute Costs (attach supporting documentation related to Private Business Leave)

Date(s) _____

_____ x \$228.90 = \$ _____
Number of full days

_____ x \$138.60 = \$ _____
Number of half days

Total Substitute Costs \$ _____

TOTAL ELIGIBLE EXPENSES \$ _____

I confirm that I have not accessed other sources of funding for the above expenses. I confirm that the information provided above is true and accurate and that the expenses claimed are for the approved Staff Development Fund professional development activity/resource.

Signature _____

Date _____

The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta's Freedom of Information and Protection of Privacy Act for the purpose(s) noted above. If you have any questions about this application, please call 780-455-2164.

Submit to: ATA, LOCAL 37
401, 11010 - 142 Street
Edmonton, AB T5N 2R1
Phone: 780-455-2164
Fax: 780-453-1407
Email: sdf@edpub.org

Total Expense Reimbursement Approved: \$ _____

Staff Development Fund Administrator _____ Date _____