

**TEACHER DEVELOPMENT FUND  
EXPENSE CLAIM 2022-2023**

**Individual**  
(to a maximum of \$2,100  
in a two year period)

**Group**  
(to a maximum of \$1,300  
per group member to  
a total maximum of  
\$6,500 per group)

<b>Surname</b> (Please Print)	<b>Given Names</b> (in full) underline name used	<b>Name of Activity</b>
<b>School/DU</b>	<b>School Phone Number</b>	<b>Date(s) of Activity</b>
<b>Email Address</b>	<b>Alternate Contact Number</b>	<b>Location of Activity</b>
<b>Mailing Address</b> (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** (See Teacher 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 original receipts.

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

**Travel**  
Airfare (attach itinerary and receipt) \$ \_\_\_\_\_

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

**Taxi/Airport Shuttle/Bus/Parking** (attach receipts) \$ \_\_\_\_\_

**Hotel Accommodation** (attach receipt) \$ \_\_\_\_\_

**Meals** (per diem without receipts = \$47 CAD [\$10 breakfast; \$13.50 lunch; \$23.50 dinner]) \$ \_\_\_\_\_

**Substitute Costs** (attach supporting documentation related to Private Business Leave/Teacher Development Fund)

Date(s) \_\_\_\_\_

\_\_\_\_\_ x \$226.27 = \$ \_\_\_\_\_  
Number of full days

\_\_\_\_\_ x \$137.01 = \$ \_\_\_\_\_  
Number of half days

**Total Substitute Costs** \$ \_\_\_\_\_

**TOTAL ELIGIBLE EXPENSES** \$ \_\_\_\_\_

I confirm that the information provided above is true and accurate and that the expenses claimed are for the approved Teacher 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 Education 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.

FOR OFFICE USE ONLY

Submit to: ATA, LOCAL 37  
401, 11010 142 Street NW  
Edmonton, AB T5N 2R1  
Phone: 780-455-2164  
Fax: 780-453-1407  
Email: [tdf@edpub.org](mailto:tdf@edpub.org)

**Total Expense Reimbursement Approved:** \$ \_\_\_\_\_

Total to Reimburse Applicant: \$ \_\_\_\_\_

Total to Reimburse Division for substitute costs: \$ \_\_\_\_\_

\_\_\_\_\_  
**Teacher Development Fund Administrator**      **Date**