



# NELSON DISTRICT TEACHERS' ASSOCIATION

Suite 102 – 518 Lake Street, Nelson, BC, V1L 4C6

PH: 250-354-9693

## Professional Development Reimbursement Form (Part A)

EMAIL this form with all SCANNED receipts to the NDTA Office at [lp07@bctf.ca](mailto:lp07@bctf.ca)

Name of Applicant: _____	School: _____
Are you a Term Teacher? YES _____ NO _____	
Date of Application: _____	Date(s) of Pro-D Activity: _____
Brief Description of Pro-D Activity: _____	
Location of Pro-D Activity: _____	

### Expenses (Photocopied Receipts Required)

You may access up to \$1000.00 (every two years; towards all costs related to attending the conference) **OR** up to \$2000.00 (every three years; towards all costs related to attending the conference) for EDUCATIONAL CONFERENCES & WORKSHOPS.

You may access up to \$200.00 annually (on a first come basis in any year when you do not access a larger allotment) to purchase any of the other listed professional resources below.

**TERM TEACHERS** with contracts in excess of 2 months and **TTOCs** shall have access up to a maximum of \$200 annually for CONFERENCES, WORKSHOPS & PROFESSIONAL RESOURCES.

Type of Pro-D	Description	Cost
Educational conferences and workshops		
Subscriptions to educational journals		
Memberships to PSA's		
Professional development resources – not including reproducible materials or technological resources		
Non-credit course work related to the individual's teaching assignment		
Textbooks for non-credit and/or credit courses/workshops		
<b>PART A TOTAL:</b>		

*The NDTA is a local association of the British Columbia Teachers' Federation  
#100 – 550 West 6<sup>th</sup> Avenue, Vancouver, B.C. V5Z 4P2*



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## Professional Development **Reimbursement Form** (Part B)

Type of Expense	Cost
<b>TRAVEL</b> (check one) Air _____ Car (\$.54/km) X _____ kms (return) Other (parking, bridge toll) _____	
<b>ACCOMMODATION</b> Hotel _____ (confirmation of reservation is not sufficient. Receipts required) Staying with friends/family (\$30/night) _____	
<b>PER DIEM</b> _____ Breakfast @ \$14.00    Dates: _____ _____ Lunch @ \$16.00        Dates: _____ _____ Dinner @ \$26.00        Dates: _____	
<b>PART B TOTAL: (from page 2)</b>	
<b>PART A TOTAL: (from page 1)</b>	
<b>TTOC Cost (to be filled in by NDTA Office):</b>	
<b>TOTAL EXPENSES (to be filled in by NDTA Office):</b>	

I am requesting \$ \_\_\_\_\_ of the following allotment for this year: (Please check those that apply)

\_\_\_\_\_ *up to \$200 for Resources*

\_\_\_\_\_ *up to \$1000 available every two years* **OR** \_\_\_\_\_ *up to \$2000 every third year*

**TERM TEACHERS with contracts in excess of 2 months and TTOCs:**

\_\_\_\_\_ *up to \$200 annually*

TTOC Request: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes to TTOC, FTE required: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NDTA Use Only:

Co-Chair Signature: \_\_\_\_\_

Total Amount Paid to Applicant: \$ \_\_\_\_\_ Payee: \_\_\_\_\_

Date: \_\_\_\_\_ Cheque #: \_\_\_\_\_

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