



NELSON DISTRICT TEACHERS' ASSOCIATION

Box 1012 Nelson, BC V1L 6A5 PH: 250-354-4142 www.ndta.ca

Professional Development Reimbursement Form (Part A)

EMAIL this form with all SCANNED receipts to the NDTA Office at lp07@bctf.ca

Name of Applicant: _____ School: _____	
Position:	<input type="checkbox"/> Continuing Contract <input type="checkbox"/> Term Contract <input type="checkbox"/> TTOC
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) 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		
PART A TOTAL:		

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



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Professional Development Reimbursement Form (Part B)

Type of Expense	Cost
TRAVEL (check one) Air _____ Car (\$.54/km) X _____ kms from _____ to _____ (return) Other (parking, bridge toll) _____	
ACCOMMODATION Hotel _____ (confirmation of reservation is not sufficient. Receipts required) Staying with friends/family (\$30/night) _____	
PER DIEM _____ Breakfast @ \$14.00 Dates: _____ _____ Lunch @ \$16.00 Dates: _____ _____ Dinner @ \$26.00 Dates: _____	
PART B TOTAL: (from page 2)	
PART A TOTAL: (from page 1)	
TTOC Cost @ \$410/day (to be filled in by NDTA Office):	
TOTAL EXPENSES (to be filled in by NDTA Office):	

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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