

# Chignecto-Central Regional School Board

## Professional Development Committee (NSTU)

### SUMMER P. D. OPPORTUNITY CLAIM FORM

Claim for payment of P.D. Opportunities taken between July 1 and August 31.

Complete 1 form per P.D. Opportunity. Prior Approval is not required.

**NOTE:** MAXIMUM TOTAL CLAIM for ALL sessions is \$400 per summer to be pro-rated if necessary.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ School/Site: \_\_\_\_\_

Complete Home Mailing Address: \_\_\_\_\_

Contract Status: \_\_\_\_\_ Professional Number: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Subjects Taught: \_\_\_\_\_

Work Phone # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of P. D. Opportunity: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) attended: \_\_\_\_\_

**REGISTRATION: (Attach Receipt)** \$ \_\_\_\_\_

#### TRAVEL STATEMENT:

From \_\_\_\_\_ to \_\_\_\_\_ Kms: \_\_\_\_\_

Total Kilometers \_\_\_\_\_ X rate (\$0.4289 per Km) \$ \_\_\_\_\_

Parking and Tolls \$ \_\_\_\_\_

#### MEALS: (Receipts not necessary)

Number of days: \_\_\_\_\_ X \$40.00 per day \$ \_\_\_\_\_

(Breakfast \$8, Lunch \$12, Supper \$20)

**ACCOMMODATIONS: (Attach Original Receipts)** Expenses for Accommodations will only be reimbursed where the teacher must travel more than 50 KM from their home to the conference location.

Hotel/Motel/Residence: \_\_\_\_\_ # of Nights \_\_\_\_\_ \$ \_\_\_\_\_

#### OTHER EXPENSES: (Itemize)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**RETURN TO P. D. COMMITTEE BY THE LAST TEACHING DAY IN SEPTEMBER.**

Professional Development Committee (NSTU)

Chignecto Family Office

84 Church Street, (PO Box 2500C), Springhill, NS B0M 1X0

Phone 597-4206;

Fax 597-4220 (Applicant is responsible for obtaining facsimile transaction report for future reference if necessary.)

[rushtond@ccrsb.ca](mailto:rushtond@ccrsb.ca)

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