



Sooke
Teachers'
Association

Professional Development

GROUP APPLICATION REIMBURSEMENT FORM

Please review page two for important information regarding Group Reimbursements

Date: _____ Name of Group/School Requesting Funds: _____

Contact Person(s): _____ Email: _____

School/Site: _____ Phone: _____

Workshop Information

Workshop Name: _____

Brief Description of Workshop(s): _____

Target Participants: _____ Projected No. Participants: _____

Date(s) _____ Location(s): _____

Name of person to be reimbursed: _____

<u>Funds Requested for:</u> *** original receipts required	AMOUNT APPLIED FOR	APPROVED For Pro-D Committee Use Only
Gift Certificate or Honorarium (max. \$50.00/75mins)***		
Presenter Fee***		
Room Rental/Custodial Cost***		
Refreshments (\$10.00 per person to a max of \$300.00)***		
Travel (ferry, vehicle mileage at 52¢ per km)***		
Other _____ ***		
TOTAL APPLICATION		

FOR COMMITTEE USE ONLY

Date Received: _____ Amount Approved \$ _____

Approved by _____ and _____
Pro-D Chair Pro-D Committee Member

GROUP APPLICATION

Purpose

A portion of the Pro-D monies shall be established annually to make funds available for interest groups to sponsor activities or workshops on a district-wide basis.

Criteria

1. Workshop **MUST** be advertised to **ALL** STA members.
2. Workshop must be offered after school or on a Professional Development Day.
3. Workshop must be guided by the purposes and principles of professional development; *see Pro-D Policy.*

Pre-Approval Process

1. Fill out a **STA PROFESSIONAL DEVELOPMENT GROUP APPLICATION PRE-APPROVAL FORM.**
2. Application must be forwarded to the STA Office a minimum of two weeks in advance of the workshop taking place.
3. The Pro-D Committee must approve the application and workshop prior to the workshop being held.

Reimbursement Process

1. **AFTER** completion of event use the reimbursement form to receive the necessary funds.
2. Send all original receipts and completed form to the Pro-D Committee at the STA office.
3. The Pro-D Committee will verify forms.
4. A copy will be sent back to you along with the reimbursement.