**OSSTF District 21-Teacher’s Unit**

***WORKSHOP/CONFERENCE REIMBURSEMENT CLAIM FORM***

**Please Print Legibly**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School / Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Claim:**

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group running it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please note that no funding will be given for any HWDSB or ABC Etc. courses

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please give this completed form and all receipts to your branch ESC representative in your school or forward to the Educational Services Committee at the District Office.*

*If more than 2 members attend the same workshop/conference*

*from the same school the $300.00 will be divided equally by the*

*number that attended.*

**Deadline for submission is June 5, 2024**

Please send for to the ESC Officer: esc@osstf21.ca

**EXPENSES**: *(All original receipts must be attached)*

Registration Fee: $ \_\_\_\_\_\_\_\_\_\_\_\_

Meals: $ \_\_\_\_\_\_\_\_\_\_\_\_

Accommodations: $\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_

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

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

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

OTHER FUNDING SOURCES: *(Note that an application to HWDSB must be approved/denied before applying to OSSTF)*

HWDSB $\_\_\_\_\_\_\_\_\_\_\_\_

Individual Member $\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

LESS Total Funding Sources: $\_\_\_\_\_\_\_\_\_\_\_

Total Claim (limit of 150.00 per member per school year)

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_