



Professional Development Reimbursement Application Form  
 School: \_\_\_\_\_

Central Okanagan Teachers' Association

**Funds can be used for events taking place between July 1st and June 30th.**

Name:	Workshop/Conference:
Location:	Date:

**You must submit all ORIGINAL ITEMIZED receipts in order to receive reimbursement.  
 Receipts are not required for meals and mileage.**

	Amount requested	Amount approved
Conference/Workshop Registration Fee		
Teacher Teaching On Call (\$460/day - 2024 SD23 rate)		
Accommodation		
Transportation (SD23 2024 rates) Automobile (kms) x 0.70 from _____ to _____ + return <input type="checkbox"/> check if applicable  If carpooling, please list names of COTA members _____  Parking: _____  Public transit: _____		
Meals: Please do not claim meals on days when you attend an organized event where meals are provided. (BCTF 2024 rates) breakfast \$20 on (dates) _____  lunch \$25 on (dates) _____  dinner \$40 on (dates) _____		
Check applicable claims: <input type="checkbox"/> LSA/PSA Membership <input type="checkbox"/> Professional Journal Subscription <input type="checkbox"/> Professional Resources <input type="checkbox"/> Professional Courses		
TOTAL		
GST (office use only)		

**Reimbursement will occur after the conference/workshop, or when a course has been completed**

Please return to: \_\_\_\_\_

March 2024