



DISTRICT/SCHOOL PROFESSIONAL DEVELOPMENT CLAIMING GUIDE FORM 2.1

Claiming from your School Based Account.

When completed, please send with all receipts to the FCTA Pro-D Chair. The FCTA already has copies of your 2.2 and 2.3 which were pre-approved in June.

Note: The FCTA does not reimburse AO's or CMAW members.

SCHOOL:

ACTIVITY:

DATE OF ACTIVITY:

FACILITATOR:

SCHOOL(S) INVITED:

EXPENSES

Speaker Honorarium See Guidelines, if applicable

\$

Speaker's Expenses FCTA rate for mileage/meals

\$

On-Site Expenses Lunch/snacks, facilities

\$

Total Expenses

\$

Total costs divided by number of participants

\$

\$ _____ ÷ # _____ = \$ _____ /participant

Payable to:

Contact Kathy Koopman 604-750-8853 or the FCTA office for more information.

Effective: May 1, 2024