

**OSSTF District 21-Teacher's Unit Hamilton Wentworth
2008-2009
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.

Approved by: _____

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 100.00 per school year) \$ _____

Date: _____