



MRTA/SD42 Joint Pro-D Application Form - Individual Category

See over for Pro-D policy & practice hints.

Name: _____ School: _____

Date(s) of Pro-D Activity: _____

Title of Pro-D Activity: _____

***Attach copy of registration info stating conference name, cost, dates, etc., but no receipts at this time; please save them to submit after the event.**

Location of Pro-D Activity: _____

Locations outside of BC will be referred to the MRTA Pro-D Committee for consideration.

How do you think this will improve your teaching practice?: _____

Do you require TToC coverage: Yes ___ No ___ # of TToC Days & Dates (Max-2 per year): _____

Are you a TToC? Yes ___ No ___ Are you taking this course for credit? Yes ___ No ___

If you are receiving other funding sources, including TToC coverage, provide all details.

Maximum reimbursement from the Joint PD Fund is \$400.00 annually (July-June).

Projected Expenses	\$	¢
Registration fee (including membership fee)		
Hotel _____ Days @ _____ Rate		
Meals _____ Breakfast @ max rate of \$14		
_____ Lunch @ max rate of \$16		
_____ Dinner @ max rate of \$26		
<small>Note: Breakfasts & Dinners in local events starting after 8:30 am and concluding before 4:30 pm cannot be claimed.</small>		
Miscellaneous (please specify)		
Transportation (Ferry, Plane, West Coast Express, Public transit)		
Driving by yourself: (from _____ to _____ & return) _____ km @ 52¢/k		
	SUBTOTAL	
Driving a carpool: (from _____ to _____ & return) _____ km @ 52¢/km		
<small>Note: Only carpool drivers can claim mileage; it is in addition to the \$400 yearly limit.</small>		
List Passenger Names:		
	TOTAL	

Signatures Required:

Teacher's Signature: _____ Date: _____, 20__

School Pro-D Rep Signature: _____ Date: _____, 20__

Administrative Signature: _____ Date: _____, 20__

FOR MRTA USE ONLY

MRTA PRO-D AUTHORIZED SIGNATURE

PRO-D FUNDS APPROVED: \$ _____

TTOC DAYS APPROVED _____

ADDITIONAL CARPOOL FUNDS APPROVED: \$ _____ DATE: _____, 20__