

**Maple Ridge Teachers' Association/School District #42
Joint Professional Development
Group Application Form**

- APPROVAL PRIORITY IS TO FIRST TIME USERS
- Applications must be at the MRTA no sooner than 4 months in advance & no later than 2 weeks before professional development activity.
- Maximum reimbursement is \$1,000.00 annually (July-June). If receiving other funding sources or TToC coverage, provide all details. ORIGINAL RECEIPTS REQUIRED to accompany the Pro-D Expense voucher, which must be submitted after pro-d activity is complete.
- Monies or expenses will NOT be provided for credit programs, district initiatives, district implementation, or school growth plans per MRTA Pro-D policy.

Group Name: _____ **School:** _____

Contact Person: _____
First Name Initial Surname

Contact Numbers: _____

Activity Date(s): _____

Title of Pro-D Activity: _____

Location of Pro-D Activity: _____

Projected Number & Names of Teachers Attending: _____

Does this activity require TToC days: Yes ___ No ___ # of TToC Days: _____

Teachers requiring TToCs: _____

Dates: _____

EXPENSES (SEE REVERSE)

NOTE: ALL SIGNATURES REQUIRED

Main Contact 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: \$ _____ TOC DAYS APPROVED _____ DATE: _____, 20__

• ATTACH a detailed (5Ws) description of your proposed activity and a cost breakdown, providing official documentation wherever possible and/or complete the following. Locations outside of BC will be considered by the MRTA Pro-D Committee.

EXPENSES (ORIGINAL RECEIPTS REQUIRED FOR REIMBURSEMENT)

Speaker/Workshop Fee (Including membership fee, if applicable)

Transportation: automobile _____ km @ 52¢ per km

CARPOOL RATE: ADD 10¢ per km and per person

List carpooler names: _____

Materials/Resources Expenses (max of \$25 per person) (eg. – CDs, DVDs, Books)

Title and description of resources/materials: _____

Other (please list) _____

Food/Refreshment Costs

Note: PLEASE CLAIM ONLY ACTUAL COSTS, if your actual meal or refreshment costs are less than per person allowances listed below:

Breakfast-\$8, Lunch-\$11, Dinner-\$17

Breakfasts for local events starting before 8:30 am and dinners for events ending later than 4:30 pm may be provided.

TOTAL EXPENSES REQUEST

Please complete the following:

1. Describe how this activity will improve or enhance the practice of teaching and learning.

2. How does this activity support your group’s professional plan?

Signed: _____

Date: _____