

**FAX TO:**  
**OCETF**

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Ottawa, ONT. K2H 8S9  
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**APPLICATION FOR P.D. FUNDS 2009-2010**

Name: \_\_\_\_\_ School Phone #: \_\_\_\_\_  
School: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
HomeAddress: \_\_\_\_\_

Conference Last Attended: _____ Date: _____ Amount Received: _____
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**Conference/Workshop Title (no abbreviation):** \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

**Expenses**

Registration Cost: \_\_\_\_\_ Dependent Care/Parking: \_\_\_\_\_

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**Out of Town Conferences:** *(complete for conferences beyond Ottawa-Carleton/National Capital Region)*

Accommodation Cost: \_\_\_\_\_

Transportation Mode and Cost (If using personal vehicle .46 cents x km): \_\_\_\_\_

Additional Expenses (Dependent Care, Parking): \_\_\_\_\_

Total Expenses: \_\_\_\_\_ Amount applied for: \_\_\_\_\_  
(Total Expenses up to a maximum of \$500.00)

**WHEN COMPLETING THE EXPENSE CLAIM FORM FOR REIMBURSEMENT  
PLEASE INCLUDE ORIGINAL RECEIPTS**

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Will you receive funds from another source: No \_\_\_\_\_ Yes \_\_\_\_\_ Specify amount: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

(Revised June 2009) <b>OFFICE USE ONLY</b> Amount: _____ Accepted _____ Rejected _____ Notified: _____
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