

FAX TO:

OCETF

1150 Morrison Drive, Suite #100,
Ottawa, ONT. K2H 8S9

Tel: (613) 596-3932 Fax: (613) 829-0869

APPLICATION FOR PROFESSIONAL LEARNING FUNDING 2010-2011

Name: _____

School Phone #: _____

School: _____

Home Phone #: _____

Home Address: _____

Conference/Workshop Last Attended: _____

Date: _____ Amount Received: _____

Conference/Workshop Title (no abbreviation): _____

Provider's Name: _____

Location: _____ Date: _____

Expenses

Registration Cost: _____ Dependent Care/Parking: _____

Out of Town Conferences/Workshops: (complete for conferences/workshops 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**

Will you receive funds from another source: No ___ Yes ___ specify amount: _____

Date: _____ Applicant's Signature: _____

(Revised June 2008)

OFFICE USE ONLY Amount: _____ Accepted ___ Rejected ___ Notified: _____