

CLAIM FOR INTERVISITATION

Name:	Today's Date:
School:	Zone:
Teacher(s) Visited:	School Visited:
Date of Intervisitation:	Location:

CLAIM INFORMATION:

(A) SUBSTITUTE COVERAGE

Self	Certified Teacher \$212	Classroom Supervisor \$132.38	= _____
GYPSED Teacher Being Visited:			
	Certified Teacher \$106	Classroom Supervisor \$66.19	= _____
Out of Division Teacher Being Visited:			
	Certified Teacher	Classroom Supervisor	= _____
(attach a receipt showing payment to other Division)			
			(A) = _____

(B) APPLICANT CLAIM: (If applicable, you must also attach bank or credit card statements showing exchange rate, and amount paid in Canadian funds.

Accommodation (attach receipt)	= _____
Private Accommodation Allowance (\$30/night)	= _____
Lunch for visitor and host (attach receipt)	= _____
TRAVEL EXPENSES:	
Economy Airfare + standard baggage for 1 bag (attach receipt)	= _____
Trip Cancellation Insurance (attach receipt)	= _____
Return mileage to airport _____ km @ ATA Rate \$0.53	= _____
OR	
Mileage _____ km @ ATA Rate \$0.53	= _____
Parking (attach receipt)	= _____
Uber/Taxi (including 15% tip) - to and from airport or hotel and conference site (attach receipt)	= _____
TOTAL PAYABLE TO TEACHER	(B) = _____

(C) TOTAL CLAIM

(C) = _____

Signature of Applicant

Date Received by ESC

ESC Authorization

****Completed claim form and ALL receipts must be scanned within 30 days of the Intervisitation and sent as ONE document to the correct PD Co-Chair at atapg@gypsd.ca (Grande Cache, Hinton, Jasper) OR atapq2@gypsd.ca (Edson, Lobstick).**

REFLECTION

1. In what ways has your Professional Development Activity been successful?

2. What would have helped to make your Professional Development Activity more successful?

3. In what ways has attending this Professional Development Activity improved your teaching?

4. In what ways do you plan to share this with your colleagues?