



Claim for Intervisitation

Form 423-02(a)

Name:	Today's Date:
School:	Zone:
Teacher(s) Visited:	School Visited:
Date of Intervisitation:	Location:
CLAIM INFORMATION:	
(A) SUBSTITUTE COVERAGE	
Self <input type="checkbox"/> Teacher \$206.61 Classroom Supervisor \$125.35 = _____	
GYPSD Teacher Being Visited:	
<input type="checkbox"/> Certified Teacher \$103.31 Classroom Supervisor \$ 62.68 = _____	
	(A) = _____
(B) APPLICANT CLAIM: (If applicable, you must also attach bank or credit card statements showing exchange rate, and amount paid in Canadian funds.)	
<input type="checkbox"/> Accommodation	= _____
<input type="checkbox"/> Private Accommodation Allowance (\$30/night)	= _____
<input type="checkbox"/> Lunch for visitor and host	= _____
TRAVEL EXPENSES:	
<input type="checkbox"/> Economy Airfare + standard baggage for 1 bag	= _____
<input type="checkbox"/> Trip Cancellation Insurance	= _____
<input type="checkbox"/> Return mileage to airport _____ km @ ATA Rate \$0.53	= _____
OR	
<input type="checkbox"/> Mileage _____ km @ATA Rate \$0.53	= _____
<input type="checkbox"/> Parking	= _____
<input type="checkbox"/> Uber/Taxi (excluding tip) - to and from airport or hotel and conference site	= _____
TOTAL PAYABLE TO TEACHER	(B) = _____
(C) TOTAL CLAIM	(C) = _____

Signature of Applicant	

Date Received	ESC Authorization
**Completed claim form and ALL receipts must be scanned <u>within 30 days</u> of the Intervisitation and sent as ONE document to atapg@gypsd.ca .	

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?