

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 \$224.44 Classroom Supervisor \$132.38 = _____

GYPSPD Teacher Being Visited:
 Certified Teacher \$112.22 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:

recept) 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?