



## Claim for School or Area Project

Form 423-03(a)

Name and Address for Reimbursement:	
School:	School Phone #:
Type of Project: <input type="checkbox"/> Area Project <input type="checkbox"/> School Project	
Name of Project:	Location:
Begin Date:	End Date:
<b>CLAIM INFORMATION: Detailed Budget</b>	
<b>(A) SPEAKER COSTS</b> <input type="checkbox"/> Fee <input type="checkbox"/> Travel <input type="checkbox"/> Substitute <input type="checkbox"/> Meals <b>Consumable Materials: List Items</b>	= _____ = _____ = _____ = _____ = _____ = _____ = _____
<b>Expenses associated with organizing the project:</b>	= _____ = _____ = _____
<b>Required Media Resources</b>	= _____ = _____
<b>(B) Maximum Payable</b> Number of Participants _____ x \$50/participant (Attach list)	<b>Total Budget</b> (A) = _____ <b>(B) =</b> _____
<b>(C) Total Payable is the budgeted amount <u>up to</u> the total maximum in B</b> <div style="text-align: right;"><b>Total Claim</b></div>	<b>(C) =</b> _____
_____ Signature of Applicant	
_____ Date Received	_____ ESC Authorization
<b>**Completed claim form and ALL receipts must be scanned <u>within 30 days</u> of the completion of the School/Area Project and sent as ONE document to <a href="mailto:atapg@gypsd.ca">atapg@gypsd.ca</a></b>	

## REFLECTION

1. In what ways has your School/Area Project been successful?

2. What would have helped to make your School/Area Project more successful?

3. In what ways has participating in this School/Area Project improved the teaching of participants?

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