

CLAIM FOR SCHOOL OR AREA PROJECT

Name and Address for Reimbursement:	
School:	School Phone #:
Type of Project:	Area Project School Project
Name of Project:	Location:
Begin Date:	End Date:
CLAIM INFORMATION: Detailed Budget (attach receipts)	
(A) SPEAKER COSTS	
Fee	= _____
Travel	= _____
Substitute	= _____
Meals	= _____
Consumable Materials: List Items	= _____
	= _____
	= _____
Expenses associated with organizing the project:	= _____
	= _____
	= _____
Required Media Resources	= _____
	= _____
Total Budget	(A) = _____
(B) Maximum Payable Number of Participants _____ x \$50/participant (Attach list)	(B) = _____
(C) Total Payable is the budgeted amount <u>up to</u> the total maximum in B Total Claim	(C) = _____
<p style="text-align: center;">_____ Signature of Applicant</p> <p style="text-align: center;">_____ Date Received by ESC</p> <p style="text-align: right;">_____ ESC Authorization</p>	
<p>**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 the correct PD Co-Chair at atapg@gypsd.ca (Grande Cache, Hinton, Jasper) OR atapg2@gypsd.ca (Edson, Lobstick).</p>	

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?