

Collaborative Inquiry/Temporary Supplemental Pro D Reimbursement Form

School _____

Date: _____

Please fill in which fund in full

****Collaborative Inquiry Fund** (what is your inquiry question? *(If you are participating in more than one collaborative inquiry, please make separate reimbursement requests)* *(If you are purchasing for your group, please list the participants, each are allowed up to \$200 for resources)*)

****Temporary Supplemental Fund** (what is your pro d opportunity?)

Is this request for yourself only or for your group? Please list all names

1. Employee Reimbursement

First Name	Last Name	Employee Number	Phone Number
_____	_____	_____	_____
Title	Address		
_____	_____		
Department	City	Province	Postal Code
_____	_____	_____	_____

Administrator Acknowledgement **

First Name	Last Name	_____
_____	_____	_____
(please print)		Administrator's Signature

Itemized Expenses (scan original invoices/receipts)

Date of invoice/receipt(s) <small>Please note: teachers will not be reimbursed for materials for student use. This includes books and manipulatives.</small>	Description - Details

Reimbursement to Employee \$ _____

2. School Reimbursement

Date of invoice/receipt(s) <small>Please note: teachers will not be reimbursed for materials for student use. This includes books and manipulatives.</small>	Reimburse to School Flex Account # or Cheque (please indicate)

Reimbursement to school \$ _____

3. School Reimbursement - TTOC - School is responsible for requesting TTOC

Date of TTOC/proof of 'purchase'	Transfer TTOC cost to School Flex Account #

TTOC transfer to School Flex Account \$ _____

_____	_____
Pro D Chair name	Pro D Chair signature

District Use	COA	District Signature:
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Send this via email to reimburseprod@vsb.bc.ca along with a copy of your approved application and receipt