



Maple Ridge Teachers' Association
Remedy Money Reimbursement Form - PART A
For professional learning opportunities & credit courses
The MRTA manages the Remedy Allocation Fund for SD42

The MRTA manages the Remedy funds as per an on-going Letter of Agreement with SD42; the funds can be spent on teacher opportunities for *Professional Learning* which can include such activities and items such as:

- a. Teacher course work – this can be courses relating to teacher Education programs, such as a Masters, further post-secondary course work in an 'interest/focus area', etc.
- b. Learning Opportunities – workshops + other shorter programming that have no attached certification. (see back side)
- c. Single copies of associated teaching resources and/or books - items that are associated with an area of a teacher's learning can be purchased.

Name:	Position:	School:
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Please fill out the 2 tables below **IN FULL**, and **attach/include receipts** for reimbursement:

Courses/Resources/Memberships	Date(s):	Total Amount Paid:	Amount to be Reimbursed:

***Please attach another page if needed for more explanation*

Have you submitted these receipts before? Date of submission:	If yes, how much was paid towards them? Date of payment received:

If you are unsure if your submission meets these criteria, have questions or concerns, please contact Kelly kelly@mrtaoffice.ca or Martin martin@mrtaoffice.ca at the MRTA office (604-467-2111) directly.



Maple Ridge Teachers' Association
Remedy Money Reimbursement Form - PART B
For professional learning opportunities

Name:	School:
Teaching Role	Date of Activity
Title of Activity	Location of Activity

Are you accessing pro-d monies: Yes No If yes, please attach this to completed yellow pro-d form for submission, and outline how much remedy is being used. If no, please complete the whole section below.

Description of Activity:
How will this improve your teaching practice:
Do you require TTOC coverage: Yes <input type="checkbox"/> No <input type="checkbox"/> # of TTOC Days & Dates (Max-2 per year): _____ Are you taking this course for credit? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you receive other funding sources, including TTOC coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who, and all other known details? _____ _____ _____
Are you accessing pro-d monies: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach this to completed yellow pro-d form for submission, and outline how much remedy is being used. If no, please complete the whole section below.

Projected Expenses	Cost
Registration fee (including membership fee)	\$
Hotel <input type="checkbox"/> Days @ _____ Rate	\$
Meals <input type="checkbox"/> Breakfast @ max rate of \$20	\$
<input type="checkbox"/> Lunch @ max rate of \$25	\$
<input type="checkbox"/> Dinner @ max rate of \$40	\$
Note: Breakfasts & Dinners in local events starting after 8:30 am and concluding before 4:30 pm cannot be claimed.	
Miscellaneous (please specify)	\$
Transportation (Ferry, Plane, W Coast Express, public transit)	
Driving by yourself: (from _____ to _____ + return) _____ km @ 68¢ per km	T\$stal
SUBTOTAL	T\$stal
Driving a carpool: (from _____ to _____ + return) _____ km @ 68¢ per km	T\$stal
NOTE: Only carpool drivers can claim mileage (max \$200); it is in addition to the \$500 yearly limit.	
List passenger Names: _____ TOTAL	

FOR OFFICE USE ONLY

Approved by: Date:
