

**TEACHER ON CALL PROFESSIONAL DEVELOPMENT**

**Request for Reimbursement**

Drop off or mail to: C.O.T.A. (address above)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Postal Code: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WORKSHOP NAME & DATES: \_\_\_\_\_

\_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF WORKSHOP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fund Amount Available**

**\$ 230.00**

**(ON A FIRST COME FIRST SERVE BASIS)**

Previous request: - \$ \_\_\_\_\_

Balance available for refund: \$ \_\_\_\_\_

(For office use only)

AMOUNT REQUESTED: \$ \_\_\_\_\_

REFUND AMOUNT ISSUED: \$ \_\_\_\_\_

BALANCE REMAINING: \$ \_\_\_\_\_

**(On a First Come, First Serve Basis)**

\_\_\_\_\_  
Teacher on Call (signature)

\_\_\_\_\_  
C.O.T.A. Professional Development Chairperson

*Please ensure receipts are attached!*