



# APPLICATION FOR REMEDY REIMBURSEMENT

## 1. MEMBER/EVENT INFORMATION

Is this a new home address?  Yes  No

Name: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

PD Activity/Coursework: \_\_\_\_\_

Date(s) of the PD Activity: \_\_\_\_\_ Location: \_\_\_\_\_

## 2. LEAVE REQUEST

(Complete this section only if you were absent from school on an instructional day.)

❖ Dates(s) of Leave: \_\_\_\_ / \_\_\_\_ / 2018 to \_\_\_\_ / \_\_\_\_ / 2018

1. Was a TTOC Required on this day(s):  Yes  No

2. Are TTOC costs to be billed to your Remedy Account  Yes  No

\*\*\*\* If yes, the amount billed for TTOC costs will be at a rate of \$380.00 per day \*\*\*\*

## 3. EXPENSES (ALL RECEIPTS AND VOUCHERS MUST BE ORIGINALS AND BE IN YOUR NAME)

ITEM FOR REIMBURSEMENT	AMOUNT
<b>Registration Fees:</b>	
<b>Transportation:</b>	
Automobile (km) ____ x \$.55/km from _____ to _____ + return	
Highway Tolls	
Bus /Taxi / Parking	
Ferry from _____ to _____ + return	
Airfare from _____ to _____ + return	
Car Rental	
<b>Meals:</b>	
____ Breakfasts @ \$14	
____ Lunches @ \$16	
____ Dinners @ \$25	
<b>Accommodations:</b>	
Hotel ____ nights @ \$ _____ per night	
<b>Other Expenses:</b>	
<b>Total Expenses:</b>	

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ADTA President Signature: \_\_\_\_\_

Date: \_\_\_\_\_