

ETFO/AQ or AQ EXPENSE CLAIM FORM

Professional Learning Funding 2023/24

ORIGINAL RECEIPTS MUST BE ATTACHED

Name: _____

School: _____ Cell Phone #: _____

Home Address: _____

I am an Elementary Teacher and a member of OC ETFO/FEEO _____
Teacher's Signature

Expense Claim Calculations

AQ Course Code/Name: _____

Course Start Date: _____

Is this course provided by ETFO: (Yes) _____ (No) _____

University: _____ Taken On-Line (Yes) _____ (No) _____
(If Applicable)

Registration Fee: _____

Total Expenses: _____ (up to a maximum of **\$500.00 every 2 years**)

I certify that the information on this form is true and complete.

Method Of Payment:

Cheque _____ (send to home address) _____ (send to school) _____

E-Transfer ____ (email address) _____

EFT Payment _____ (attached completed forms and blank cheque)