

## ETFO/AQ or AQ EXPENSE CLAIM FORM

### Professional Learning Funding 2024/25

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### 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

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### Expense Claim Calculations

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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)