



## FORM 2

# GEDSBOT APPLICATION FOR PROFESSIONAL LEARNING REIMBURSEMENT

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

ETFO ID Number: \_\_\_\_\_

Address including postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Amount Requested: \_\_\_\_\_

Title of Workshop/ Seminar/ Conference/Course attended:  
\_\_\_\_\_

**\*Within 30 calendar days of completion\* Attach original receipts for fees, hotel, parking and mileage (please calculate at \$0.61 per km.). Attach proof of completion, if applicable. In addition to your written report, would you like to share your professional learning activity at a:**

General Meeting  Executive Meeting  In a workshop format

Applicant's signature: \_\_\_\_\_

This section reserved for GEDSBOT Executive use only:

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Approved

Denied

Signing Officers: \_\_\_\_\_

Cheque #: \_\_\_\_\_ Date Sent: \_\_\_\_\_