



INTERVISITATION CLAIM FORM

FORM 423-02(a)

APPLICANT INFORMATION:

Name: _____ **Date of Application:** _____

INTERVISITATION INFORMATION:

School Visited: _____ **Date:** _____

Teacher(s) Visited: _____

A. TYPE OF SUBSTITUTE COVERAGE:

Self:

GYPSD Teacher Being Visited:

Certificated Teacher \$206.61

Certificated Teacher \$103.31

Classroom Supervisor \$125.35

Classroom Supervisor \$62.68

Total of self and teacher being visited = (A) _____

B. MILEAGE: _____ km @ ATA Rate \$0.53 **(B)**

C. LUNCH for visitor and host (C)

D. Reimbursement to teacher (B + C) (D) _____

E. Accommodation (attach receipt) (E) _____

TOTAL COST \$ _____

Signature of Applicant

Date Received

ESC Authorization

Completed claim form must be scanned to atapg@gypsd.ca within 30 days of the Intervisitation.

DISTRIBUTION: atapg@gypsd.ca; Applicant