



**CLAIM FORM FOR SCHOOL OR
AREA PROJECT**

FORM 423-05(A)

School: _____

Address for reimbursement: _____

School Phone: _____ Fax: _____

Name of Project: _____

Summary of Project:

Number of Participants: ____ X \$50 = _____ Date of Project: _____

Itemized, detailed budget: (attach copy of the AS400 budget account with expenses that have been paid, highlighted)

Speaker Costs: Fee: _____
Travel: _____
Substitute: _____

Project Supplies: (list items):

Other Costs: (list items):

Signature of Applicant

Date Received

ESC Authorization

**SUBMIT CLAIM WITHING 30 DAYS OF COMPLETION OF SCHOOL OR
AREA PROJECT TO atapg@gypsd.ca**

REFLECTION ON SCHOOL OR AREA PROJECT

Teacher: _____ Date: _____

School Phone: _____ Fax: _____

Name of Project: _____

1. In what ways has your project been a success?

2. What would have helped to make your project more successful?

3. In what ways has participating in this project improved your teaching?

4. In what ways do you plan to share this with your colleagues?

DISTRIBUTION: atapg@gypsd.ca;