

**PROFESSIONAL IMPROVEMENT FUND**

TUITION RECEIPT SUBMISSION FORM

This form must be returned **within two (2) months** from the successful completion of the course(s), if leave was provided as part of your PIF grant please submit the PIF Leave Report Form (available on [www.atalocal55.ca](http://www.atalocal55.ca)) .

\*The following documents are required with this form or no funds well be allotted

Required documents for PIF reimbursement must include:

* **Proof of payment in Canadian funds**: please provide a Credit card, bank transfer or Registrars receipt for all courses covered by the PIF fund
* **Transcripts including course description and passing grade(s)**: courses that do not show a passing grade will not be considered complete and will not be reimbursed.
* For certifications, a certificate of completion must to be included
* Itemized invoice or receipt is required

***Note:*** *Fees covered by PIF funding are limited to tuition, technology fees and graduate study fees (these must be itemized on the institution’s statement of account or they will not be reimbursed).*

|  |  |
| --- | --- |
| **Name:** |       |
| **School/Department:** |       | **Employee ID:** |       |
| **Home Phone:** |       |
| **Teaching Assignment:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Descriptor** | **Institution** | **Start Date:** | **End Date:** | **Tuition CDN $** |
|       |       |   |   |       |
|       |       |   |   |       |
|       |       |   |   |       |
|       |       |   |   |       |
| Technology Fees(must be clearly itemized on Institution’s Statement of Account) |       |   |   |       |
| Graduate Fees(must be clearly itemized on Institution’s Statement of Account) |       |   |   |       |

★Note: ***Fees NOT covered by the PIF fund include: books, student union, campus health, life insurance, infrastructure, interest payments, loan payments, late fees, etc. Failure to provide a breakdown of fees from the institution will impact the timeliness of your reimbursement***.★

**What outcomes were achieved to support teaching and learning? How will you bring back your studies to support your students/yourself?**

|  |
| --- |
|       |

|  |
| --- |
| **This is to certify that I attended the Above-Named Course(s):**  |
| DATE: |   |
| SIGNATURE: |  |

Submit this form, your transcripts and itemized receipt and proof of payment to:

**Via Pony to ATA Local #55 - Professional Improvement Fund or via email:** **pif@ataloc55.ab.ca**