

CHILLIWACK TEACHERS' ASSOCIATION

FAX 604.792.9389

PRO-D TRANSFER OF FUNDS FORM

Policy 4.4 (This form must be submitted for transfer of funds from one teacher to another)

Date _____ Amount transferred _____

School ProD Rep signature: _____
(School PD rep of teacher transferring funds)

Reminder: The maximum amount an individual teacher may transfer is \$200 per year

1. This section is to be completed by the teacher transferring funds

Name of teacher transferring funds:

School: _____ Signature: _____

2. This section is to be completed by the teacher receiving funds

Name of teacher receiving funds:

School: _____ Signature: _____

For CTA Office use only:

Date transferred _____

Actual amount transferred _____

