



# REQUEST FOR PRO-D FUNDS

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CONFERENCE/ACTIVITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DATE of ACTIVITY: \_\_\_\_\_

\*Registration Receipt or Declaration Form must be provided to claim any expenses

<b>A. Receipts Needed*</b>		<b>B. No Receipts Needed</b>	
Registration	\$ _____	B _____ X\$14	
Airfare	\$ _____	Meals L _____ X\$16	\$ _____
Accommodation	\$ _____	S _____ X\$26	
Other _____	\$ _____	Mileage _____ km X .52¢	\$ _____
<i>(parking, ferry, admissions, tolls, childcare, etc)</i>		Homestay _____ X \$25	\$ _____
<b>Subtotal of A</b>	\$ _____	<i>(in lieu of hotel costs)</i>	
		Bridge Toll	\$ _____
		<b>Subtotal of B</b>	\$ _____

**Total of A & B** \$ \_\_\_\_\_ *(paid to teacher)*

Applicant Signature \_\_\_\_\_

<i>Fill In if TOC Needed</i>	
<b>C. TOC</b>	_____ X \$177.47 - half day _____ X \$354.94 - full day
<b>Subtotal of C</b>	\$ _____ <i>(paid to SBO)</i>

**Total of A, B & C** \$ \_\_\_\_\_

<i>For Office Use Only</i>	
CTA PD Chair Signature _____	Approval # _____
Total of (A & B) Paid to Teacher \$ _____	

Submit completed form to the CTA Office after attending activity for approval and reimbursement. Form/receipts can be scanned and emailed to: [chwprod@shawcable.com](mailto:chwprod@shawcable.com)

