



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*

A. Receipts Needed*		B. No Receipts Needed	
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	\$ _____
Subtotal of A	\$ _____	<i>(in lieu of hotel costs)</i>	
		Bridge Toll	\$ _____
		Subtotal of B	\$ _____

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

Applicant Signature _____ *(Type yes if applying online _____)*

C. Fill In if TOC Needed			
TOC _____ X \$354.94	Subtotal of C	\$ _____	<i>(paid to SBO)</i>
Note: Type .5 for half day			

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