



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. <u>Receipts Needed*</u>		B. <u>No Receipts Needed</u>	
Registration	\$ _____	Meals	\$ _____
Airfare	\$ _____	B _____ X\$14	
Accommodation	\$ _____	L _____ X\$16	
Other _____	\$ _____	S _____ X\$26	
<i>(parking, ferry, admissions, tolls, childcare, etc)</i>		Mileage	\$ _____
Subtotal of A	\$ _____	_____ km X .54	
		Homestay	\$ _____
		_____ X \$25	
		<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. <u>Fill In if TOC Needed</u>			
TOC	_____ X \$443.11	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: pdchair@chilliwackteachers.com