



REQUEST FOR PRO-D/REMEDY FUNDS



NAME: _____ SCHOOL: _____

CONFERENCE/ACTIVITY: _____

LOCATION: _____ DATE of ACTIVITY: _____

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

A. Receipts Needed*	
Registration	\$ _____
Airfare	\$ _____
Accommodation	\$ _____
Other	\$ _____
<i>(parking, ferry, admissions, tolls, childcare etc)</i>	
Subtotal of A	\$ _____

B. No Receipts Needed	
Meals	B _____ X \$14
	L _____ X \$16
	S _____ X \$26
	\$ _____
Mileage	_____ x .54
	\$ _____
Homestay	_____ x \$25
	<i>(in lieu of hotel costs)</i>
	\$ _____
Subtotal of B	\$ _____

Total of A & B \$ _____ *(Paid to Teacher)*

Applicant Signature _____

C. Fill In if TTOC Needed (.5 for half day)	
TTOC	_____ X \$443.11
Total of C	\$ _____ <i>(Paid to SDO)</i>

Use Your Remedy Funds? ___ Yes ___ No
Teachers who have remedy funds have been informed by the District. Remedy balances can be confirmed at the CTA Office.

After attending activity, submit completed form to the CTA Office for approval and reimbursement. Form and receipts can be scanned and emailed to: pdchair@chilliwackteachers.com

Office Use Only:	
ProD IF	\$ _____
CARE	\$ _____
Remedy	\$ _____
Approval #	_____
Total of A & B <i>(Paid to Teacher)</i>	\$ _____
CTA ProD Chair Signature	_____