



CHILLIWACK TEACHERS' ASSOCIATION

PROFESSIONAL DEVELOPMENT DECLARATION FORM

This form must be filled out and attached to your "Request for ProD Funds" form in order to claim any reimbursement when you do not have registration receipts.

Teacher Name: _____

School: _____

Activity Description: _____

Activity Date: _____

Activity Location: _____

I declare that I attended the above activity on the above date.

Signature

Date