GROUP REQUEST FOR PRO-D FUNDS

Submit this completed form to: pdchair@chilliwackteachers.com

School: _____ Activity Date: _____

Description of Activity: _____

_____

Costs *(Receipts needed)*: _____

Cost per teacher to be taken from CTA ProD Individual Funds _____

Cheque payable to: _____

Teacher Name	Signature

:md:usw/leu *Updated June 2023*