



Request For ProD & Remedy Funds



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

Name: _____ School: _____

Email: _____ Activity: _____

Activity Location: _____ Activity Date: _____

**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	<i>B</i> _____ <i>X</i> \$20	\$ _____
	<i>L</i> _____ <i>X</i> \$25	
	<i>S</i> _____ <i>X</i> \$40	
Mileage	_____ x .68	\$ _____
Homestay	_____ x \$30	\$ _____
<i>(in lieu of hotel costs)</i>		
Subtotal of B		\$ _____

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

Applicant Initial/Signature _____

C. TTOC Costs	
TTOC	_____ X \$575.55 <i>(.5 for half day)</i>
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.

If applicable, your emailed CARE Reference # _____

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