



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@chilliwickteachers.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 \$ _____
(parking, ferry, admissions, tolls, childcare etc)

Subtotal of A \$ _____

B. No Receipts Needed

Meals B _____ X \$24.14
 L _____ X \$23.29 \$ _____
 S _____ X \$49.05

Mileage (km) _____ x .72 km \$ _____

Homestay _____ x \$30 \$ _____
(in lieu of hotel costs)

Subtotal of B \$ _____

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

Applicant Initial/Signature _____

C. Educational Leave Costs

_____ X \$572.65 per day (.5 for half day)

Total of C \$ _____ (Paid to SDO)

If applicable, your emailed CARE Reference # _____

Office Use Only:

ProD IF \$ _____ Approval # _____

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

Remedy \$ _____ CTA ProD Chair Signature _____