



Local Workshop Planning Expense Claim Form
CFTA Professional Development Fund
2020/2021



Cheques to be made out to:

Contact Person: _____ **Contact School:** _____

Primary Phone: _____ **School Phone:** _____

Activity Date: _____ **Activity Location:** _____

Actual Costs: PLEASE ATTACH RECEIPTS

Resource Person(s):

Address:

Honourarium:

Room/Meals:

Travel:

TTOC Costs at \$420 (*subject to change*):

Other:

Total:

Evaluation and Summary of the activity:

Please send the completed form to the CFTA Pro-D Committee c/o the Cranbrook Office

Date: _____

Amount Paid: \$ _____

Cheque #: _____