

STAFF RETREAT APPLICATION AND EXPENSE FORM

To support staff retreats (up to \$100/CDTA member) when all staff agrees to participate on a professional day. Schools are eligible to apply once every 3 years.

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STEP 1: (Prior to retreat)	

Person request	ting funds:		
School:			Date:
Contact Email:	*email suitable for etransfer	Contact P	Phone:
Date of Retrea	t:		
Activity Rationa	ale/Objectives:		
#	people @ \$100/person =		
		Applicant's Signature:	
			I confirm the above information to be accurate
For Office	e Use Only		
Approved:		Total Approved	

STEP 2: Please fill this page out after Staff Retreat is over

Submit receipts electronically to your Pro-D Rep with this form for reimbursement.

Please also include a list of all CDTA

members in attendance.

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For Office Use Only				
Date:	Amount Paid:	etransfer/Cheque #:		