

STAFF RETREAT APPLICATION AND EXPENSE FORM

To support staff retreats (**up to** \$200/CDTA member) when all staff agrees to participate on a professional day. Schools are eligible to apply once every 3 years. (*Must attach all receipts)

STEP 1: (Prior to retreat)

Person requesti	ng funds:				
School:			Date:		
Contact Email:	*email suitable for etransfer	Contact Phone:			
Date of Retreat:	:				
Activity Rationa	le/Objectives:				
#	people @ up to \$200/person =		(*Must include all receipts)		
	Applicant's Signature:				
		I confirm	firm the above information to be accurate		
For Office	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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Date:

Amount Paid:

etransfer/Cheque #: