

FUNDING REQUEST

SCHOOL-BASED PROFESSIONAL DEVELOPMENT ACTIVITY

Date: _____ Name: _____ School: _____

Activity: _____

Activity Start/End Date: _____ Activity Location: _____

Group Balance: _____

Workshop Fee: _____

Honorarium: _____

Other: _____

Total Expenses: _____

Payable to: _____

Cheque Delivery: School Mail Home Mail Pickup at OSTU

Please Attach Receipts

OSTU District PD Chair Signature: _____

Date of Approval: _____