QDTA PROFESSIONAL DEVELOPMENT CLAIM VOUCHER

Name:	Date:	
Phone:	School:	
Pro D Event		
Title:		
Location:	Registrat	tion \$
Date of Event:	_ Tra	avel \$
Accommodation: Hotel	Private Home	\$
Other Expenses:		
	C	ost \$
funds must be declared on you	Rable benefits by Revenue Canada made or income tax for the year in which you in the Association, Journals, Maga	received payment.
		\$
Other:		\$
		\$
TOTAL amount spent on all pers	sonal PD listed above: \$	
Personal funds available: \$		
Please scan and email this form an (<u>ProD@sd28.bc.ca</u>) for authorization	nd photocopied receipts to the Profesion and payment.	ssional Development Chair
Have the cheque sent to: Above:	or	
For QDTA Office use only	as authorized by PD Chairperso	
PD Chairperson:	Date:	
Charge to Members' Accounts		Revised Feb 2024