

COWICHAN VALLEY TEACHERS' UNION
REMEDY PRE-APPROVAL APPLICATION FORM

EMAIL FORM TO: COWICHANDTA@SHAW.CA

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| Amount may be used for teaching resources/classroom supplies and/or professional development | Date: (mm/dd/yy) |
| Name: (Last, First) | |
| Home E-mail: | School/Site: |
| Supplies Estimate: (please list supplies you wish to purchase) | |
| Estimated Dollar Amount: \$ | |
| If requesting food/baking supplies, please provide a recipe. | |
| Professional Development | |
| Name of Event/Workshop (please do not abbreviate) OR <input type="checkbox"/> Self Directed | |
| Event Location: | |
| Event Date (mm/dd/yy): | |
| From | To |
| Teacher Teaching on Call Required | |
| <input type="checkbox"/> No – not required | <input type="checkbox"/> Yes, on _____ |
| <input type="checkbox"/> No – non-enrolling | <input type="checkbox"/> full day <input type="checkbox"/> am <input type="checkbox"/> pm |

PROFESSIONAL DEVELOPMENT ESTIMATE

Registration Fee

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Travel Costs:

- * Airfare
- * Ferry
- * Bus/Taxi/Parking/Highway Tolls
- * Hotel

- * Mileage (Fuel Grid on CVTU website)
- * Meals: Breakfast \$12 on _____
- Lunch \$14 on _____
- Dinner \$24 on _____

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TOTAL ESTIMATE

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