



**REQUEST FOR GROUP
PD FUNDS**

School/Group Name: _____

Date of Event: _____ Amount requested (max \$500): _____

PD Contact/Contact person: _____

If school request, Date approved by Staff Committee: _____

DESCRIPTION OF SPEAKER/ACTIVITY:

- Payment by:
- Send cheque to presenter directly (Ensure contact information is attached.)
 - Pay presenter by credit card (Ensure contact information is attached.)
 - Send cheque payable to Presenter to school.

- √ Ensure the invoice and brochure or information are **attached**.
- √ For non-school groups, attach a list of the 15 or more people in your group.
- √ Send to the NVTA office in the milkrun or by email to pdfoms@nvta.ca.

Date: _____ PD Contact/Contact Person Signature: _____

PD Form 2023-2024

THIS SECTION TO BE FILLED IN BY PRO D CHAIRPERSON ONLY

Group # _____ Approved: or Reason Declined: _____

Cheque Number: _____ Date of Issue: _____ Cheque Amount: _____

PRO D CHAIRPERSON Signature: _____