

LSA Reimbursement Form

LSA Name: _____ *Date:* _____

Please reimburse _____ in the amount of \$_____ for
_____ on (date) _____

The event was _____.

**Please attach list of names of those who attended
and forward request to Pro-D Secretary at the CDTA office.**

LSA Signing Officer

* This form is used when you are requesting reimbursement for **snacks, supplies or fees** to support your LSA or **an honoraria** for a guest speaker, etc. Be sure to attach receipts and forward to CDTA office attention to the Pro-D Secretary at teacherprod@sd71.bc.ca or call for further info at (250) 338-1461.