

VERNON TEACHERS' ASSOCIATION

CHEQUE REQUISITION

Re: LSA ACTIVITIES SPECIAL GRANT REQUEST

COMPLETED BY: _____ DATE: _____

PAYABLE TO _____

EMAIL _____

SCHOOL _____ OR

HOME ADDRESS _____

AMOUNT _____ BUDGET AREA: PD account (LSA special grant)

EXPENSES RE: _____
(Event/Date/Program....)

ITEMIZED EXPENSES (*original invoices must be attached)

Approved By: _____ Date _____

For Accounting VTA use only: G/L ACCOUNT _____ Cheque # _____ Date Paid _____
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Return to:
Chairperson, District Pro D Committee – VTA Office, pdchair@vernonta.com
4004-31 Street (250) 542-0456

PD LSA-3