

# Professional Development Fund



Event Title:

Date(s):

Location:

Priority (1 to 4):

Name /Applicant:

Local:

A.A.E.S.Q.  
 17035 Brunswick Blvd., Suite 5  
 Kirkland, Quebec  
 Canada  
 H9H 5G6  
 Phone: 514-426-5110  
 Fax: 514-426-5109  
 info@aaesq.ca

## BUDGET

ITEMS	Projected Expenses (provide description for each)	Quantity	Unit Price	Amount
ITEMS	Funds Available from Other Sources (provide details)	Quantity	Unit Price	Amount
Comments: <input type="text"/>				<b>Sub-total</b>
				<b>Amount Requested from AAESQ</b>

Signature of President of Local: \_\_\_\_\_

Date submitted:

RESERVED FOR AAESQ: Amount Granted  Approved by: \_\_\_\_\_