



TTOC REQUEST FOR PD FUNDS

Request to: Hold Funds (resubmit form when activity complete) Request Reimbursement (for PD already completed)

Member Name: _____ Employee Number: _____

Mailing Address: _____

Home/Cell #: _____

ACTIVITY: _____ Date: _____

NOTES:

1 Mileage only for trips more than 30 km return; include a Google (or similar) map showing kilometers. Rate: 52¢/km. Parking and/or transit receipts, if required.

2 Maximum amount of \$125/night for hotel. Include meal receipts for reimbursement on overnight trips to a maximum of BCTF per diem.

EXPENSES

Registration: _____
Travel Costs 1: _____
Accommodation 2: _____
Other (specify): _____
TOTAL AMOUNT: _____

OFFICE USE ONLY

Maximum Reimbursement: _____
Top-Up Amount (if available): _____

OFFICE USE ONLY

L# _____
TTOC Cost _____
Amount Reimbursed _____
Top-Up Provided _____

BEFORE YOU SUBMIT, PLEASE CHECK BOXES:

- Did you attach: [checkbox] Receipts for all expenses except mileage
[checkbox] A map for mileage, if applicable
[checkbox] Brochures or print out to show activities
Did you complete: [checkbox] Select Hold Funds or Request Reimbursement
[checkbox] All parts of the form
[checkbox] Sign and date form

Date: _____ Member Signature: _____

THIS SECTION TO BE FILLED IN BY PRO D CHAIRPERSON ONLY

Cheque Number: _____ Date of Issue: _____ Cheque Amount: _____
PRO D CHAIRPERSON Signature: _____