



REQUEST FOR PD FUNDS

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

PLEASE CHECK Funding Period:

Fall Funding Period (Sep-Jan 31) ¹ Winter Funding Period (Feb 1-Apr 30) Spring Funding Period (May 1-Jun 30)

Member Name: _____ Employee Number: _____ FTE: _____

School: _____ Home/Cell #: _____

Department/Grade/Assignment: _____

ACTIVITY: _____ Date: _____

TTOC Requested⁴? Yes No Date TTOC Required (three weeks' notice): _____

NOTES:
¹ PD done during July and August can be claimed during the Fall Funding Period.
² 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.
³ Maximum amount of \$125/night for hotel. Include meal receipts for reimbursement on overnight trips to a maximum of BCTF per diem.
⁴ TTOC will be paid for first unless otherwise requested.

EXPENSES
Registration: _____
Travel Costs ²: _____
Accommodation ³: _____
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:

PLEASE SUBMIT HARD COPIES IN THE MILKRUN

- Did you attach: [checkbox] Receipts for all expenses except mileage (eg. conference registration, parking, transit)
[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] Select Funding Period
[checkbox] All parts of the form
[checkbox] Sign and date form
[checkbox] Three weeks' notice for TTOC coverage, if applicable

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: _____