



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) <sup>1</sup>  Winter Funding Period (Feb 1-Apr 30)  Spring Funding Period (May 1-Jun 30)

Member Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Department/Grade/Assignment: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ Date: \_\_\_\_\_

TTOC Requested<sup>4</sup>? 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: 54¢/km. Parking and/or transit receipts, if required.
3 Maximum amount of \$125/night for out of town accommodation. 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: [checked] Receipts for all expenses except mileage (eg. conference registration, parking, transit)
[ ] A map for mileage, if applicable
[ ] Brochures or print out to show activities
Did you complete: [checked] Select Hold Funds or Request Reimbursement
[ ] Select Funding Period
[ ] All parts of the form
[ ] Sign and date form
[ ] Three weeks' notice for TTOC coverage, if applicable

Date: \_\_\_\_\_ Member Signature: \_\_\_\_\_

PD Form 2018/2019

THIS SECTION TO BE FILLED IN BY PRO D CHAIRPERSON ONLY
Cheque Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Cheque Amount: \_\_\_\_\_
PRO D CHAIRPERSON Signature: \_\_\_\_\_