



Request to: Hold Funds (resubmit form for reimbursement) Request Reimbursement

PLEASE CHECK Funding Period:

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

Member Name: _____ Employee Number: _____

School: _____ Email: _____

Department/Grade/Assignment: _____

ACTIVITY: _____ Event 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: 68¢/km.
³ Maximum amount of \$125/night for out of town accommodation.
⁴ TTOC will be paid for first unless otherwise requested.
⁵ Maximum of \$350/member available.
⁶ Top-Up will be sent automatically, if funds are available, as per the policy.

EXPENSES
Registration: _____
Travel Costs ²: _____
Accommodation ³: _____
Other (specify): _____
TOTAL AMOUNT⁵: _____
OFFICE USE ONLY
Previous Reimbursement: _____
Maximum Reimbursement: _____
Top-Up Amount⁶ (if available): _____

OFFICE USE ONLY
L#
TTOC Cost
Amount Reimbursed
Top-Up Provided

If approved, cheque will be sent in the milkrun to your school: _____ OR (list if different from above)

Mail to (special circumstances only): _____

BEFORE YOU SUBMIT, PLEASE CHECK BOXES:

Email forms to pdforms@nvta.ca or send by milkrun

Did you attach: Please check ✓

- Brochures or print out to show description of activities
 Receipts for all expenses except mileage (eg. conference registration, parking, transit)
 A map for mileage, if applicable

Did you: Please check ✓

- Select Funding Period
 Sign and date form
 Give three weeks' notice for TTOC coverage, if applicable

Date: _____ Member Signature: _____

PD Form 2023/2024

THIS SECTION TO BE FILLED IN BY PRO D CHAIRPERSON ONLY

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