



REQUEST FOR GROUP FUNDS

2024-2025

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

Please Check Funding Period:

Group Funds: Groups of teachers at a school or with a common interest can apply once per school year for funding from the Group Allotment, up to \$1,500 per group, for guest speakers. Schools are encouraged to collaborate to combine funds. Criteria for school groups: At least fifty percent + one of the teachers at the school or 15, whichever is less, teachers must plan to attend the event; Staff committee must approve the plan; and, the PD contact must apply on behalf of the school. For other groups applying, see PD Policy and Guidelines. A maximum of \$300 of the allotted \$1500 can be used for food if available in the allotment amount (PD contact must provide receipts and will be reimbursed directly). All applicants are encouraged to apply in advance of their activity/workshop. Email request to pdforms@nvta.ca or send in the milkrun.

School/PD Contact: _____

Presenter/Activity Title (see page 2): _____

Date of Event: _____ PD Contact Email: _____

If school request, Date approved by Staff Committee: _____

Total Amount Requested: \$ _____

OFFICE USE ONLY:

L#:	L#:
_____	_____
Amount:	Amount:
_____	_____

Payment for Presenter Amount: _____

- Send cheque to presenter directly (Ensure contact information is attached.)
- Pay presenter by credit card (Ensure contact information is attached.)
- Send cheque payable to Presenter to school.

Payment to PD contact - Amount: _____

(For food, if requested – maximum \$300 of total \$1500 - receipts needed. If approved, cheque will be sent in the milkrun to your school.)

School to send cheque in milkrun (if different than above): _____

Presenter Contact Information: _____
(address)

BEFORE YOU SUBMIT, PLEASE CHECK BOXES:

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

Did you attach: Please check ✓

- Invoice and receipts
- Complete 2nd page of application
- Payment information

Did you: Please check ✓

- Select Funding Period
- Sign and date form

Date: _____ Member Signature: _____

THIS SECTION TO BE FILLED BY PRO D CHAIR ONLY

Cheque Number: _____ Cheque Amount: _____ Date of Issue: _____ PDC Approval: _____

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Please complete the following:

1. Description of Speaker/Activity: