



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

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: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

If approved, cheque will be sent in the milkrun to your school: \_\_\_\_\_ **OR**

Mail to (special circumstances only): \_\_\_\_\_

TTOC Requested<sup>4</sup>? No  Yes  Date TTOC Required (three weeks' notice): \_\_\_\_\_

BEFORE YOU SUBMIT, PLEASE CHECK BOXES:

Email forms to [pdforms@nvta.ca](mailto: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

NOTES:

<sup>1</sup> PD done during July and August can be claimed during the Fall Funding Period.
<sup>2</sup> Mileage only for trips more than 30 km return; include a Google (or similar) map showing kilometers. Rate: 72¢/km. Parking and/or transit receipts, if required.
<sup>3</sup> Maximum amount of \$200/night for out of town accommodation. Include meal receipts for reimbursement on overnight trips to a maximum of BCTF per diem.
<sup>4</sup> TTOC will be paid for first unless otherwise requested.
<sup>5</sup> Maximum of \$600/member available.
<sup>6</sup> Top-Up up to a total of \$1000 will be sent automatically, if funds are available, as per the policy.

EXPENSES
Registration: \_\_\_\_\_
Travel Costs <sup>2</sup>: \_\_\_\_\_
Accommodation <sup>3</sup>: \_\_\_\_\_
Other (specify): \_\_\_\_\_
TOTAL AMOUNT<sup>5</sup>: \_\_\_\_\_
OFFICE USE ONLY
Previous Reimbursement: \_\_\_\_\_
Maximum Reimbursement: \_\_\_\_\_
Top-Up Amount<sup>6</sup> (if available): \_\_\_\_\_

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

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

THIS SECTION TO BE FILLED BY ADMINISTRATION:

Cheque Number: \_\_\_\_\_ Cheque Amount: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Signature: \_\_\_\_\_
TU Cheque Number: \_\_\_\_\_ Cheque Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_