



REQUEST FOR PD FUNDS

2026-2027

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

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: _____

School: _____ Email: _____

Department/Grade/Assignment: _____

ACTIVITY: _____ Event Date: _____
(if ongoing activity, please indicate start date)

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

Mail to (special circumstances only): _____

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

BEFORE YOU SUBMIT, PLEASE CHECK BOXES:

Email forms to pdforms@nvta.ca

Did you attach: Please check

- Brochure or print out to show description of activities(required)
- 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:

- 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: 0.73¢/km. Parking and/or transit receipts, if required.
- ³ **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.**
- ⁴ TTOC will be paid for first unless otherwise requested.
- ⁵ Maximum of \$600/member available.
- ⁶ Top-Up up to a total of \$1000 will be sent automatically, if funds are available, as per the policy.

<u>EXPENSES</u>
Registration: _____
Travel Costs ² : _____
Accommodation ³ : _____
Other (specify): _____
TOTAL AMOUNT ⁵ : _____

<u>OFFICE USE ONLY</u>
Previous Reimbursement: _____
Maximum Reimbursement: _____
Top-Up Amount ⁶ (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: _____