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 Requested[4]? 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.

EXPENSES

Registration:
Travel Costs [2]:
Accommodation [3]:
Other (specify):
TOTAL AMOUNT[5]:

OFFICE USE ONLY

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: