

**V.C.C.F.A. PROFESSIONAL DEVELOPMENT FUNDS
MONEY REQUEST**

ENSURE THAT THE APPROPRIATE LEAVE FORM IS COMPLETED
IF LEAVE IS INVOLVED

DOWNTOWN BROADWAY Date: _____
Department: _____ Employee #: _____
Name: (print) _____ Signature: _____
Employment Status of Applicant (% of time status for part-time): _____

Nature or description of activity or item(s) purchased

Location of Activity: _____

Dates
From: _____ YEAR MONTH DAY To: _____ YEAR MONTH DAY

Is this a pooled request? No
Yes → Attach PD Pooling Request form with signature(s)

Funds requested:	ORIGINAL RECEIPTS ONLY
Registration	\$ _____
Travel/mileage	\$ _____
Meals (per diem rate: breakfast \$10, lunch \$15, dinner \$25)	\$ _____
Accommodations	\$ _____
Tuition	\$ _____
Books (please attach titles)	\$ _____
Membership/Subscription	\$ _____
Other:	\$ _____
Total Amount Requested:	\$ _____

ALL NEW REQUESTS FOR PD FUNDS MUST BE MADE BY THE LAST DAY OF FEBRUARY

FOR PD FUNDS COMMITTEE USE ONLY

ACTUAL APPROVED \$ _____

Account to be charged: 20-9270-7200 Budget Officer: _____

PD Funds Date: _____
Committee Stamp: _____

Professional Development (PD) Expenses

Activity (attach a copy of the approval form): _____

				(Financial Services Use Only)	
Date	Expense and Description (original applicable receipts must be attached) (e.g. mileage†, meal, parking, taxi, accommodation)	Foreign Currency Exchange (attach conversion information*)	Other Expense Amount (receipts)	GST	Total (less GST)
Totals:		0	0	0	0

