



## PROFESSIONAL DEVELOPMENT FUNDING CLAIM FORM

Refer to [www.hr.ubc.ca/learning-development/funding/](http://www.hr.ubc.ca/learning-development/funding/) for instructions & eligibility requirements prior to completing claim.

Employment Group:  CUPE 2950  Exec Admin  Non Union TRA  Management & Professional  CUPE 116

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**DESCRIPTION - Please provide a description of your professional development activity and briefly explain how the activity will enhance the knowledge, performance or career progression of your work at UBC:**

### PD FUND EXPENSES:

PURCHASE DATE	CATEGORY**	PROVIDER	EXPENSE AMOUNT* (CDN\$)	PD CLAIM AMOUNT* (CDN\$)	PD Admin Only		
					SPEED CHART	ACCOUNT	TAX
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
<b>TOTAL REQUESTED:</b>			<b>\$</b>	<b>\$</b>			

\* **Foreign Currency:** Indicate amount in Canadian funds and provide proof of exchange

\*\* **Category types include:**

**General:** Books, Certification, Coaching, Conference, Course (duration 6 days or more), Exam, Meeting, Professional Membership, Seminar, Subscription, and Workshop (duration 5 days or less)

**Non-local Travel:** Accommodation, Airfare, Car Rental/Taxi, Meals, Mileage, and Parking (reimbursed as per [UBC Travel Policy 83](#) & [Administrative Directive](#))

### TYPE OF REIMBURSEMENT - Please check one:

Reimburse Employee (by direct deposit)

Reimburse Department (by Journal Voucher)

### REQUIRED DOCUMENTATION:

#### Requirements for all claims:

- 1) Proof of payment (receipt or statement of account showing zero balance)
- 2) Proof of registration (showing name, name of course/membership/etc. and dates)
- 3) If online book purchase, shipping/packing slip provided with delivery of book(s)
- 4) All travel expenses require proof of registration in the relating PD activity

#### Additional Requirements for Department Reimbursements:

- 1) Proof of original payment by UBC (copy of a UBC credit card statement, Q-Req/Travel-Req, or OPT summary)
- 2) Department SpeedChart: \_\_\_\_\_
- 3) Department Expense Account(s): \_\_\_\_\_
- 4) Department Finance contact email: \_\_\_\_\_

Please see second page for employee signature and manager approval



<b>EMPLOYEE INFORMATION:</b>	
Employee Name: _____	Employee ID Number: _____

<b>EMPLOYEE CONFIRMATION:</b>	
I certify that I have not and will not claim reimbursement for these expenses from any other source and further confirm that the information provided in this application is correct.	
Dated: _____	Signed: _____

<b>MANAGER APPROVAL:</b>	
I confirm that, as per the <a href="#">PD Fund Guidelines</a> , this application is eligible for professional development funding.	
Dated: _____	Signed: _____
Name of Manager: <i>(please print)</i> _____	
*For CUPE 116 claims, please confirm if employee is <input type="checkbox"/> Auxiliary or <input type="checkbox"/> Regular FT/PT	

<b>SUBMISSION INSTRUCTIONS:</b>
<p><b>Please submit your completed claim form along with all required documents by <u>campus mail</u> to:</b>  <b>PD Funding, Human Resources, 6th Floor, 6190 Agronomy Road, TEF III, Zone 3</b></p> <p>Information regarding your claim details and available balance can now be accessed through the <a href="#">Faculty &amp; Staff Self-Service</a> portal. After you sign in, click on the "Staff PD" tab to view your PD Fund details.</p> <p>Questions? Visit <a href="http://www.hr.ubc.ca/learning-development/funding/">www.hr.ubc.ca/learning-development/funding/</a>          Email <a href="mailto:pd.funds@ubc.ca">pd.funds@ubc.ca</a> or Call 604-822-6314</p>

Authorization (for PD Admin use only): <input type="checkbox"/> Log 1 <input type="checkbox"/> Log 2 <input type="checkbox"/> Email				Received Date:	
Fiscal Year: 15/16	FTE:	<input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved	Notes:		
PD Admin Name:		Signature:		Date:	
Previous Balance:	Total Requested:	Total Approved:	New Balance:		
Payment Information: <input type="checkbox"/> Q-Requisition <input type="checkbox"/> TR-Requisition <input type="checkbox"/> Journal Voucher					
Reference #:	Voucher/Journal ID #:	Group #:	Claim #:	Currency:	
_____	000_____	000000_____	_____	Canadian	
Approved by:			Entered & Submitted by:		
Signed: _____			Signed: _____		
Print Name: _____			Print Name: _____		
Date: _____			Date: _____		