Appendix Z Matched Training Application Form

MUNICIPAL TRAINING AND DEVELOPMENT CORPORATION
460 TORBAY ROAD
ST. JOHN'S, NL A1A 5J3

	Pre-Approval Please Provide estimate below		Reimbursement Please ensure supporting documents are attached	Date of Application

Name of Municipality:		
Municipal Address:		
Contact Person:		
Telephone:	Fax:	Email:
Name of person(s) who attended the training:	Position Title: (e.g. clerk, councillor)	

Training Activity Information

Name of Activity:	Date(s) of Activity:
Location:	Sponsoring Group:
Brief Description of Activity:	

Statement of Expenses: For Pre-Approvals – please estimate. For Reimbursements – provide copies of receipts verified by the Clerk

Date(s) Travelled	From	To	
Depart and Return Times	Time of Departure	Time of Return Home	Totals

Registration of Course Fee Excluding MTDC Workshops	……..	$
Meals $40.00 per day Maximum No Receipt Required	# of Breakfasts_____ @ $10.00 # of Lunches _____ @ $12.00 # of Dinners _____ @$18.00 Total all meals	
Accommodation	# of nights _____@ $_____per night	$
Travel	# km_____ @ $0.36	$
Other Travel	…….	$
Other Costs e.g. Texts, Course Materials	……..	$
Total of All Expenses:		$

This is to verify that the council has reviewed this application, agrees to its accuracy and has authorized its submission to MTDC	Print Name: Position: Signature:

IMPORTANT: YOU HAVE ONE MONTH, AFTER THE COMPLETION OF YOUR TRAINING ACTIVITY, TO FILE YOUR CLAIM.

For Pre-Approval: Please FAX to 709-726-6408 or Mail to… Municipal Training and Development Corporation 460 Torbay Road St.John's, NL, A1A 5J3 For REIMBURSEMENT: Please fax or mail this application and your supporting documents to MTDC at the above address	For Office Use only 50% Reimbursement:_____ Processed By:_____ Approved By:_____ Date:_____