



Date Received: _____

Claim #: _____

Voucher #: _____

**UBC FACULTY – FACULTY ASSOCIATION MEMBERS
PROFESSIONAL DEVELOPMENT FUND – REIMBURSEMENT CLAIM FORM**

UBC Human Resources, Vancouver Campus, TEF 3 Contact Email faculty.pd@ubc.ca

Employee Name: _____

Employee ID Number: _____

Department: _____

Rank: _____

Work Email: _____

Work Phone: _____

Admin Contact Name: _____

Admin Email: _____

Please provide a description of the activity or resource purchased, and briefly explain how the professional development related expense(s) enhance the performance, ability or effectiveness of your work at UBC (required):

Expenses are to be reimbursed to: Myself (no need to attach Q-req) Department account (must attach Journal Voucher)

LIST OF EXPENSES (Itemize each purchase-use separate sheet if necessary. Attach corresponding proof of payment)

EXPENSE ITEM	EXPENSE CATEGORY	TAX For central use only	INVOICE DATE	TOTAL EXPENSE IN CAD\$\$	TOTAL AMOUNT CLAIMED
TOTAL REIMBURSEMENT REQUESTED:					

Borrowing ahead? Yes (Does not apply to Sessional without Continuing Status). No
Claimed expenses must be submitted within 12 months from date of purchase.

REQUIRED SUPPORTING DOCUMENTATION: check all that apply

Required for both FACULTY MEMBER and DEPARTMENT reimbursements:

- Proof of payment (*credit card statement, original receipt or statement of account showing zero balance*)
- Proof of registration (*showing name, name of course/membership/etc. and dates*)
- Proof of exchange rate to CAD for any PD activity paid for in foreign currency (*ie. credit card statement screen shot*)

Additional documents to include for DEPARTMENT reimbursements:

- Journal Voucher form filled out with home department PG, speed chart and account details (credit line)
- General Ledger printout (screen shot) of the expense transaction(s)

Please complete the second page

Name: _____

ID Number: _____

EMPLOYEE CONFIRMATION SIGNATURE:

I understand and agree that if I borrow ahead against my future PD entitlement, this constitutes a credit obligation owed by me to the University. I understand that I may not borrow past my appointment end-date.

I understand that as a non-taxable benefit, goods purchased with PD funds remain the property of the University and must be returned to my unit, unless otherwise agreed.

I confirm these expenses have not and will not be reimbursed through any other form of reimbursement.

If I leave the employ of the University for any reason with an outstanding PD amount owing, I authorize UBC Payroll to assign to the University any wages or other monies owed to me in order to satisfy any overpayment or other credit obligation that I may incur under the [Faculty PD Fund Guidelines](#)

Faculty Member Name: _____

Dated: _____ Signed: _____

HEAD /DIRECTOR OF DEPARTMENT APPROVAL SIGNATURE:

I confirm that, as per the applicable [FACULTY PD FUND GUIDELINES](#), this application is eligible for professional development funding.

Dated: _____ Name (please print): _____

Signed: _____

SUBMISSION INSTRUCTIONS:

During UBC's Remote Work Arrangement period (COVID-19) special submission instructions apply:

- Faculty PD claims should be submitted by email to faculty.pd@ubc.ca.
- Email subject line & PDF file attachment name: First Name Last Name – PD claim
- Claim forms & required supporting documents must be **combined into a single PDF file**.
- Additional instructions and PDF file "how-to" resources available [here](#).
- **E-signatures on form are preferred.** Email approval from the Department Head/Director is acceptable if it is included in the combined PDF file.

Faculty PD balances (except for *Sessional*) can be viewed through the [Faculty & Staff Self-Service](#) portal. Sessional Lecturers PD balances are not available online. Sessionals contact PD Admin at faculty.pd@ubc.ca

Faculty PD Fund Guidelines: <http://www.hr.ubc.ca/faculty-relations/compensation/professional-development-reimbursement-fund/>

Authorization (for PD Admin use only):

I approve do not approve, as per the [Faculty PD Fund Guideline](#) this application for professional development funding. Dated: _____ Signed: _____

PD Admin Name: _____

Notes: