

**Skills Enhancement Fund – Reimbursement of Expenses**

*Please complete the following in addition to your claim and submit to BCPSEA attention Michelle Cehak (Mailing Address: 400 – 1333 West Broadway Vancouver, BC V6H 4C1 or fax to 604 730 0787).*

**School District No.** \_\_\_\_\_

**Union Local** \_\_\_\_\_

Please briefly describe the training initiative that you are requesting reimbursement for and the employee groups that attended the training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Costs Associated with Training**

*(Please attach receipts, any supporting documentation, and a summary breakdown of expenditures)*

The parties have agreed that the Committee will reimburse direct training costs (ie. cost of trainer, materials, etc...) and any additional incremental wage and wage sensitive benefit costs associated with the training initiative. Any wage or other costs the district is already required to pay either for contractual or other reasons will not be approved.

Were the costs associated with this initiative for which you are requesting reimbursement contractual or already budgeted for? Yes\_\_\_\_ No\_\_\_\_

Both parties agree that this training is consistent with the District and Local's previously signed Skills Enhancement Plan and agree that the use of the funds is consistent with this purpose.

Union Local Representative: \_\_\_\_\_

School District Representative: \_\_\_\_\_