



Matched Training Financial Assistance Application 2009-2010

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------|-------------------------------------------------------------------------|---------------------|
| | Pre-Approval Please Provide estimated 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 709-753-7077 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: _____ | |