



Provincial Emergency Program

APPLICATION FOR
**TRAINING FUNDS AND
 TRAINING TASK NUMBER**

(Includes WCB and Third Party Liability as per Policy 3.01)

Date of Application _____ **Date of Training** _____

Originator (please print) _____ **Email Address:** _____

Phone Number: _____ **Fax Number:** _____

Area Name: _____

PEP Region: North East Central Vancouver Island
 North West South East South West

Public Safety Lifeline Group or Discipline: ESS Road Rescue
 SAR Emergency Radio Communications
 PEP Air Other _____

Emergency Program Coordinator Signature or Training Coordinator Signature (If Applicable) _____

Description of Training _____

TASK COST ESTIMATES			
Number of Days		Meeting Room Rental	\$
Number of Participants		Equipment & Furniture Rental	\$
		Instructor Fees	\$
Accommodation	\$	Group Meals	\$
Individual Meals	\$	Other Costs (Describe Below)	
Mileage/Travel	\$		\$
		Total Estimated Task Costs	\$

ANY INVOICES MUST BE SUBMITTED TO THE PEP REGIONAL OFFICE WITHIN 30 DAYS TO ENSURE PAYMENT

Regional Manager Recommended Not Recommended

Comments _____

Regional Manager Signature _____ Date _____

Approved by (SRM Name): _____ Signature: _____

Date Approved: _____

TRAINING TASK NUMBER: _____ **CC:** Regional Office PEP HQ Finance