



**Learning Reimbursement - Request for Reimbursement, Part B**

This form is to be completed to request reimbursement for expenses related to individual training and development activities after the learning activity has taken place **and** have been successfully completed. The **Application for Financial Support Part A** must have been completed and approved. Applications that have not received prior approval may not be reimbursed.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Employee Number:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Training and Development Activity:**

**Date the Activity was Completed:**

**Summary of Expenses:**

| Description of Expense                         | Amount | Receipt<br>(Yes/No) |
|--|--------|---------------------|
|  |        |                     |
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|  |        |                     |
|  |        |                     |
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|  |        |                     |
|  |        |                     |
| <b>Total Amount of Reimbursement Requested</b> |        |                     |

Send your completed form and required documentation to Local 37 Office through interoffice mail, by fax to 1-800-723-1226, or by email at [ttf@ibew37.com](mailto:ttf@ibew37.com)

**Note:** IBEW Local 37 approved rates will be used for meals and travel expenses – No receipts required, Indicate mileage. Financial assistance for wages, including replacement wages, is not provided.

|                                     |                           |
|-------------------------------------|---------------------------|
| <b>Training Trust Fund Use Only</b> | <b>TTF #</b>              |
| Date Received: _____                | Date Approved: _____      |
|                                     | Date Cheque Issued: _____ |

