



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	\$		\$
		<b>Total Estimated Task Costs</b>	\$

*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