



PEER-TO-PEER GROUP DEVELOPMENT FUND

Family Business Atlantic reimburses up to \$1000^{+HST} annually to support and enhance the development and each Peer-to-Peer Group.

This P-P Group Development Fund can support activities like:

- Education and/or professional development costs incurred by hiring a facilitator
- Team-building development activity costs incurred without a facilitator
- Location and food costs to host an event

Please note:

- Expenses must be incurred during the fiscal year: September 1 – August 31.
- No reimbursement will occur unless all P-P Group members are paid members in good standing with the association. (Please complete P-P Group Committee List below.)
- Retreats must be approved by the Membership Committee in advance of incurring expenses.
- All expenses must be supported by receipts and submitted to the association office.

P-P GROUP DEVELOPMENT FUND REQUEST FORM

Group Chair: _____

COMMITTEE LIST

P-P GROUP MEMBERS: <i>please print</i>	Attending P-P event?		In Good Standing <i>(To be completed and verified by Executive Director)</i>
	Yes	No	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			



Please describe your P-P Group Development Fund Activity and related expenses:

Date and Location of Meeting/Event:

Retreat Facilitator (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____

Presentation Details:

Please provide an overview of this presentation and educational value to P-P Group members.



P-P GROUP CHAIR - PLEASE COMPLETE POST EVENT

Please tell us a bit about your event

What worked well? What did not? Any recommendations to improve future P-P Group events?

Please itemize and attach the invoice/receipts related to this activity.

Receipt Totals	Item/Description
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Reimbursement cheque will be made payable to:

Acknowledgement:

Expenses, as noted above, were incurred by our Family Business Atlantic P-P Group on: _____
(date).

I confirm that the above is a complete and accurate list of all members or our P-P Group and I hereby request reimbursement of up to \$1000 to cover and/or offset the retreat educational costs.

Signature (on behalf of the entire P-P Group): _____

For office use only

APPROVED BY: _____ DATE: _____

~ updated January, 2019