

Reimbursement Form

Name: _____ **Date:** _____

First Nation /
Reimbursement payable to: _____

*Reimbursements will be paid to the Community by direct deposit.

Claim Amount

Flight (Invoice and boarding passes required)

Car Rental (please provide receipt)

Additional: Airport fees: _____ Fuel: _____ Taxis: _____
(Attach receipts) Airport parking: _____ KMs _____ @ \$0.56 _____ *Attach Map

Hotel (Please attach full receipts – not just hotel confirmation or credit card payment) up to 2 nights maximum at the negotiated rate of \$209/night plus taxes and fees

Meals

Date	Day	Breakfast \$26	Lunch \$26	Dinner \$60	Incidentals \$17
June 2	Monday				
June 3	Tuesday	Provided	Provided		
June 4	Wednesday				

Total Claim (The maximum claim is up to \$1,000.00 in travel costs, plus 2 nights hotel at the FNLM Negotiated rate and meals)

Please note that TWO claims per First Nation can be reimbursed.

If you are claiming mileage, **please attach the backup (Google Maps)** that you used to calculate it.

Incidentals should match the overnight stays.