

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) Claim Amount

Car Rental (please provide receipt) Claim Amount

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 Claim Amount

Meals	Date	Day	Breakfast	Lunch	Dinner	Incidentals
			\$26	\$26	\$60	\$17
	August 12	Tuesday				
	August 13	Wednesday	Provided	Provided		
	August 14	Thursday				

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) Claim Amount

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.