

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 \$199/night plus taxes and fess

Meals

Breakfast **Lunch** **Dinner** **Incidentals**
\$26 \$26 \$60 \$17

Date **Day**
July 23 - Wednesday
July 24 - Thursday
July 25 - Friday

Provided	Provided		

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.