

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 \$285/night plus taxes and fees**
Meals

		Breakfast	Lunch	Dinner	Incidentals
	Date Day	\$26	\$26	\$60	\$17
	June 16 – Monday				
	June 17–Tuesday	Provided	Provided		
	June 18-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.