



**First Nations Land Management Resource Centre Inc.**

P.O. Box 1022, Sutton West, Ontario L0E 1R0  
 Phone (888) 985-5711 \*\* Facsimile (866) 817-2394

**Land Development Procedures**  
**October 22nd & 23rd, 2025**

Name: \_\_\_\_\_ Date \_\_\_\_\_  
 Community \_\_\_\_\_

	Total Cost																				
<b>Flight Connections</b> (receipts and boarding passes required) City/Departure: _____ City/Arrival: _____ Airline: _____ Date: _____																					
<b>Car Rentals</b> (receipts required) Name: _____ Pick-up date: _____ City: _____ Return date: _____ \$																					
<b>Mileage</b> _____ Kilometres @ \$ 0.52 \$																					
<b>Additional</b> (receipts required) Airport fees: \$ _____ - Fuel: \$ _____ - Airport parking: \$ _____ - Taxi: \$ _____ - \$																					
<b>Hotels</b> (please attach receipts, reimbursement will be up to to 3 night maximum at the FNLM negotiated rate) Name: _____ Arrival date: _____ City: _____ Departure date: _____ \$																					
<b>Meals</b>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Date</th> <th style="width: 25%;">Breakfast</th> <th style="width: 25%;">Lunch</th> <th style="width: 25%;">Dinner</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">@ \$ 20.00</td> <td style="text-align: center;">@ \$ 20.00</td> <td style="text-align: center;">@ \$ 47.00</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">Provided n/a</td> <td style="text-align: center;">Provided n/a</td> <td style="text-align: center;">@ \$ 47.00</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">Provided n/a</td> <td style="text-align: center;">Provided n/a</td> <td style="text-align: center;">@ \$ 47.00</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">@ \$ 20.00</td> <td style="text-align: center;">@ \$ 20.00</td> <td style="text-align: center;">X</td> </tr> </tbody> </table>	Date	Breakfast	Lunch	Dinner	_____	@ \$ 20.00	@ \$ 20.00	@ \$ 47.00	_____	Provided n/a	Provided n/a	@ \$ 47.00	_____	Provided n/a	Provided n/a	@ \$ 47.00	_____	@ \$ 20.00	@ \$ 20.00	X	\$ -
Date	Breakfast	Lunch	Dinner																		
_____	@ \$ 20.00	@ \$ 20.00	@ \$ 47.00																		
_____	Provided n/a	Provided n/a	@ \$ 47.00																		
_____	Provided n/a	Provided n/a	@ \$ 47.00																		
_____	@ \$ 20.00	@ \$ 20.00	X																		
<b>Incidentals</b> _____ Overnights @ \$ 17.00 (to match overnight stays) \$	-																				
<b>TOTAL CLAIM (Travel costs, hotel costs, and meals)</b>	<b>\$ -</b>																				

Please submit your claim within 30 days of this session directly to  
[finance@labrc.com](mailto:finance@labrc.com)

Did you attend the Tour on Tuesday October 21st?      YES                      NO

If yes, which meals are you requiring reimbursement for Monday October 20th:      Breakfast                      Lunch                      Dinner