

**REQUEST FOR TRANSPORTATION ASSISTANCE**

Regional Cadet Support Unit (Pacific)  
 PO Box 17000 Stn Forces  
 Victoria BC V9A 7N2

Month & Year: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Distance: \_\_\_\_\_ Kms.

\_\_\_\_\_  
 \_\_\_\_\_

1. Pursuant to QR&O 209.045, I request approval of transportation assistance in the form of a kilometrage rate. I reside at the address above which is located a distance of \_\_\_\_\_kms, one-way, from worksite.

2. My claim is calculated as follows:

CALENDAR BLOCK										
Days of Commuting (Show x for return and 1/2 for one way trips)										
1	2	3	4	5	6	7	8	9	10	
11	12	13	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	28	29	30	31

Number of Return Trips:

X

Claimable Daily Return Kilometrage  
 (ie shortest distance shown above x 2)

Less 32 =

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Maximum trips per month CIC Corps/Sqn Personnel is 4.  
 Adequate Public Transportation not available

Total Kilometrage:

X

Kilometrage Rate:  .145

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Amount of Claim:  \$

Rank \_\_\_\_\_ SN: \_\_\_\_\_ Name & Initials \_\_\_\_\_

3. I hereby certify that I have commuted between my residence and the worksite on the days that I was required to report for duty and so reported, as indicated above, and that the kilometrage claimed herein is correct and has not been previously claimed.

\_\_\_\_\_  
 Signature Date Unit