## Waiver Of Financial Benefits - Use Of PMV for TD/Attached Posting/Course

Refere	nces: A. CBI 2	09.015(1)(b)							
	B. CFAC	0 20-5, 209-7	(20), 209-13, 209-14	4 and 209-24					
	C. CFTDTI 01 October 2002								
1.	I				have been selected for TD/Attached Posting /Course to				
	(Service Number)	(Rank) (Name & Initia		s)					
	RCSU	at	CFB ESQUIMALT		for the following period.				
	(Unit)		(Location of Unit)						
		to	(Includes travelling time where applicable)						
	(Date)		(Date)	(Date)					
2. I hereby apply, for personal convenience, to travel via PMV in lieu of the mode of travel that would otherwise have been authorized									
(i.e.; Commercial Air, Charter, Bus, Train). My PMV license number is					. The distance from my residence to the Airport/				
Bus Depot/Train Station/Car Rental Agency/GMT is Km (one way).									
3. <u>11</u>	nereby acknowledge	that the rei	mbursement of trai	nsportation a	nd travelling	g expenses ir	accordance with	the references	
will be limited to the cost of the journey by the mode of travel that would otherwise have been authorized									
		_							
(Date) (Member's S								ıre)	
			FO	R OFFICE	E USE O	NLY			
Maxim	um Reimbursement	(Calculation	ns Based on a Retu	ırn Trip )					
Sectio	n A - Actual Cost of	Travel by th	e Mode of Transpo	ortation (MOT)	which wou	Ild have been	authorized		
Return Transportation, Travel Entitlements & Misc Expenses					Metho	d of travel	From Location	To Location	Cost
Method	d of Travel (i.e.: CAL,	Train, Bus, C	ar rental, GMT)	1		T			
PMV from Residence to Airport/Depart Distance			0	Rate	\$0.475			\$0.00	
Transportation at destination to TD/Attach Posting/Crse location (taxi, but					etc) X2				\$0.00
Meals	(as applicable)	Breakfast		Lunch		Dinner			\$0.00
Total Days Incidentals for Travel Portion Only									\$0.00
Misc expenses (Ferry,Tolls,gas, AIF, Parking etc) Details:									\$0.00
Maximum Entitlement for travel portion of this claim									\$0.00
Sectio	n B - Calculation of	Travelling Ti	ime based on 1 day	for every 500	0 Km travel	led			
Mileage as per the Cdn Distance Guide					0 day's travel each way				
	e as per the Can Dist	ance Guide		Equals	0	day's travel e	ach way		

Notes: 1. A copy of this signed waiver shall be attached to the member's claim

2. Costing shall be completed by the applicable Cost Centre Manager's Staff

3. The waiver shall be completed prior to the approval of the TD/Attached Posting/ Course