-	National Defence	Défense Nationale	GENERAL AL			VOUCER NO -		
NOTE				TED TO ONE KIND OF ALLOWANCE PER SHEET AND IS NOT WHICH FORMS HAVE ALREADY BEEN PROVIDED.				
FOR			AVEL (FRT) - UNACCO			EFFECTIVE 01 JANUARY 2006		
			RANK					
	UNIT					TED DATE		
				_COS DATE		IED DATE		
		CITY				-		
DEPENDENT TRAVELLERS BEING CLAIMED: D/SPOUSE NAME:								
	HILD(REN) NA	` '						
						:		
					DATE OF BIRTH (dd/mm/yyyy):			
						d/mm/yyyy):		
Family Reunion Travel - Unaccompanied Posting Family travels to post OR Member travels in lieu to Headquarters City OR Family meets in a third location: Location on a direct routing between member's Headquarters City and PostComplete Form 22A								
1.	Date	nion Travel (return tı Flight	avei): From		То	Date		
	Duto					2410		
2.	Date of pre	evious FRT taken	during 12-month period:	l				
Entitlement 3. Entitlement for dependent student/child based on ages used for students or non-students. Entitlement would also include dependent Spouse. Family Reunion Travel Allowance to assist with the cost of Family Reunion Travel for up to 2 return trips in a 12-month period commencing the date the member arrives at the Post. Travel Agency itinerary of all travel costs including any airfare cost to be provided by the member with this form.								
4.	Certificati	on by the member	r 🕅 indicates to the A	pproving Author	ity that you unde	erstand the parameters of		
this	allowance.	•						
l .	accept this Ea	mily Bounian Tray	al allowance on the condit	ion that within 20	dava aftar aamalati	ion of Family Dounian Traval		
	I accept this Family Reunion Travel allowance on the condition that within 30 days after completion of Family Reunion Travel, I am required to complete Part II Travel Allowance – Verification and Certification to the Approving Authority Outside							
	Canada Suppo	•	Traver Allowance Veni	ication and ocrain	cation to the Applo	ving Authority Outside		
	• •		Part II Travel Allowance	 Verification and 	Certification that the	ne Approving Authority may		
a	adjust the Fam	ily Reunion Travel		orm if I couldn't de	monstrate that the	travel allowance has been		
	•	•	•			nd Certification will result in		
	I understand that that non-compliance, submission of Part II Travel Allowance – Verification and Certification, will result in no further travel allowances until required documentation regarding this allowance has been submitted.							
	· · · · · · · · · · · · · · · · · · ·							
	passport entries							
	I understand that air travel for this Family Reunion Travel allowance is based on direct routing using the most economical airfare (which includes seat sale/excursion rate). Business Class will not be authorized.							
	· ·							
	Rates Guidelines to cover expenses incurred.							
	·							
□ I	tinerary showir	ng cost must be end	closed prior to Approving	Authority Authoriz	ation.			
((Member must keep all receipts for 7 years; submit photocopies for Verification and Certification).							
Member's Signature: Date:								
Outside Canada Approving Authority Office use only.								
Outoide Guildad Approving Authority Office doe only.								

□ Verified by Education Clerk that allowance as requested is within entitlement
 □ Applicable article in the Outside Canada Education of Children "How To" Book _____
 □ Part II -- Travel Allowance - Verification and Certification received for previous FRT.

Clerk's Initials _____

Page 1 of 3

Page 2 of 3 Form 22 – Member's Name:								
						nt to Section 34	of the FAA Block	
MAXIMUM FAM	ILY REUNION TR	RAVEL ALLOWED	\$					
TOTAL FAMILY	REUNION TRAV	EL ALLOWANCE	AUTHO	RIZED IN	I LOCAL CURRE	NCY:		
Approving Autho	ority Officer Signat	nie.				Date:		
	,		n authori	ized copy of this allowance.				
				l: C103, IO: GRC0000B3224				
Tillariciai Ooding				Q Fund: C117 GL: 1211 IO:				
		onnel Financial C				O		
(For FMAS Purpo					st three digits of S	N and member's I	ast name)	
(i oi i iii/to i dipo	occ, the text dece			it 010, iac	or times digits of o		aot namo,	
Received amount of Currency				Excha	nge Rate used:	CHEQUE NO.		
Claimant's Signa	ature			Dat	e:	Cashier's Initials:		
	PA	RT II -Travel Allo	wance –	Verifica	tion and Certification	ation		
SN		RANK	N	AME				
<u> </u>				/ (III) <u></u>				
Travel Dates	Persons	Locations	Travel	Modes	Travel	Other	Total Amount	
	Travelling	Visited		sed	Expenses (Detail)	Expenses (Detail)	Spent	
Post					Amount spent	(C\$):		
				Amount received (C\$):				
Date Funds Re	eceived:		Difference:					
This Certification Form should be submitted within 30 days of completion of travel. Additional non-accountable allowances may not be issued until overdue certifications of previous allowances are provided. This report will form the basis of any subsequent verification or audit. Members should ensure that they retain proof of travel as described above for 7 years, as per FAA and CCRA Please fax or e-mail (as an attachment) to your Outside					CERTIFICATION: I certify that the above information correctly describes travel undertaken under the noted CBI Chapter 10 MFSI Section 12/FSD 70-Reporting requirements and verification of allowances.			
Please fax or e-mail (as an attachment) to your Outside Canada Support Unit					Signature Date			

Page 3 of 3 Form 22 – Member's name:							
REPORTING REQUIREMENTS AND VERIFICATION OF ALLOWANCES							
Approving Authority Officer Approval and Certified pursuant to Section 34 of the FAA Block							
MAXIMUM ALLOWANCE AUTHORIZED FOR THIS TRAVEL \$							
1. ALLOWANCE CALCULATION OVER AND ADDITIONAL ALLOWANCE AUTHORIZED IN THE AMOUNT OF:							
\$							
2. ALLOWANCE CALCULATION UNDER ALLOWANCE AUTHORIZED AND RECOVERY ACTION TO TAKE							
PLACE IN THE AMOUNT OF: \$							
1 2102 W 1112 / W 00111 01 1 4							
Approving Authority Officer Signature: Date:							
Financial Coding: GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000B3224							
MSGU Financial Coding: CC: 2300AQ Fund: C117 GL: 1211 IO:							
Civilian Personnel Financial Coding: Contact DCBA 5/DEM							
(For FMAS Purposes, the text description line must show: Unit UIC, last three digits of SN and member's last name)							
Received amount of Currency	Exchange Rate used:	CHEQUE NO.					
Claimant's Signature	Date:	Cashier's Initials:					