



NOTE: THE USE OF THIS FORM IS RESTRICTED TO ONE KIND OF ALLOWANCE PER SHEET AND IS NOT TO BE USED FOR ALLOWANCES FOR WHICH FORMS HAVE ALREADY BEEN PROVIDED

FORM # 20 -FAMILY REUNION TRAVEL (FRT) ON BEHALF OF A POST SECONDARY STUDENT

EFFECTIVE 01 JANUARY 2006

SN _____ RANK _____ NAME _____

UIC/UNIT _____ SY 1 SEPTEMBER TO 31 AUGUST

STUDENT NAME: _____ DATE OF BIRTH (dd/mm/yyyy): _____

Name/address/telephone number of Post Secondary School to be attended:

SCHOOL GRADE _____

Education Allowance - Family Reunion Travel - Post Secondary Student

1. Family Reunion Travel (return travel):

Date	Flight	From	To	Date

2. Date of previous FRT taken this school year:

Entitlement

Post Secondary student up to school year (1 September to 31 August) of 21st birthday

3(a) Travel Allowance to assist with the cost of Family Reunion Travel for up to **2 return trips** per school year from School to Post by the student. Travel Agency itinerary of all travel costs including any airfare cost to be provided by the member with this form.

OR....

Post Secondary student up to school year (1 September to 31 August) of 23rd birthday

3(b) Travel Allowance to assist with the cost of Family Reunion Travel for **1 return trip** per school year from School to Post by the student. Travel Agency itinerary of all travel costs including any airfare cost to be provided by the member with this form.

4. **Certification by the member indicates to the Approving Authority that you understand the parameters of this allowance.**

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 Support Unit.

I understand that upon receipt of Part II --*Travel Allowance – Verification and Certification* that the Approving Authority may adjust the Family Reunion Travel amount provided on this form if I couldn't demonstrate that the travel allowance has been used for the purpose intended. Adjustment will be the portion that is not substantiated.

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.

I understand that proof of travel may consist of photocopy of: (a) destination hotel receipt, or (b) boarding passes, or (c) 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.

I also understand that airfare for this Family Reunion Travel allowance is "up to" the maximum allowed in the Part XV- Travel Rates Guidelines to cover expenses incurred.

Ground Transportation to/from airport and en route meals \$50 X 2 = \$100.00; or

Substantiate amount **with written outline of costs** \$ _____

I request a Family Reunion Travel Allowance in the amount of: _____

Itinerary showing cost must be enclosed prior to Approving Authority Authorization.

(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.

- 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 _____

Outside Canada Support Unit Approving Authority Approval and Certified pursuant to Section 34 of the FAA Block

MAXIMUM FAMILY REUNION TRAVEL ALLOWED \$ _____

TOTAL FAMILY REUNION TRAVEL ALLOWANCE AUTHORIZED IN LOCAL CURRENCY: _____

Approving Authority Officer Signature:

Date:

- Approving Authority is to provide the member with an authorized copy of this allowance.

Financial Coding: **GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000B3221**

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: _____

PART II -Travel Allowance – Verification and Certification

SN RANK NAME

Travel Dates	Persons Travelling	Locations Visited	Travel Modes Used	Travel Expenses (Detail)	Other Expenses (Detail)	Total Amount Spent

Post _____ **Amount spent (C\$):** _____

_____ **Amount received (C\$):** _____

Date Funds Received: _____ **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 Canada Support Unit

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.

 Signature Date

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: \$ _____

Approving Authority Officer Signature: _____

Date: _____

Financial Coding: **GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000B3221**

MSGU Financial Coding: CC: 2300AQ Fund: C117 GL: 1211

IO: _____

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Received amount of _____ Currency _____ Exchange Rate used: _____ CHEQUE NO. _____

Claimant’s Signature _____ Date: _____ Cashier’s Initials: _____