

	National Défense Defence Nationale	GENERAL ALLOWANCE CLAIM	VOUCER NO – _____
---	---------------------------------------	--------------------------------	-------------------

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.	BATCH NO – _____
--	------------------

FORM # 25FP - EDUCATION ALLOWANCE - SCHOOL TRANSPORTATION WHEN NOT PROVIDED BY THE FEE PAYING SCHOOL ATTENDED *EFFECTIVE 01 JANUARY 2006*

SN _____ RANK _____ NAME _____

UIC/UNIT: _____ SY1 SEPTEMBER _____ TO 31 AUGUST _____

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

Name/address/telephone number of School attending: _____	SCHOOL GRADE _____
--	--------------------

Benefit
 1. Education Allowance on behalf of a student attending Junior Kindergarten/Kindergarten Elementary/Secondary school at the Post to assist with the cost of daily transportation from Home to School and School to Home when the school being attended does NOT provide such transportation.

Entitlement
 2. The most economical and practicable method of transporting school children to and from school where such transportation is not provided through facilities arranged by the school based on the following guidelines. Note: Every effort is to be made to utilize "Car Pool Arrangements" with other students.

- a. Junior Kindergarten and Kindergarten students who live 1.0 km or more from their designated school;
- b. Grades 1-3 students who live 1.6 km or more from their designated school;
(Escort travel may apply for Junior Kindergarten-Grade 3 students)
- c. Grades 4-6 students who live 2.4 km or more from their designated school;
- d. All students in grades 7 and 8, who reside more than 3.0 kilometres from their designated school, are now eligible for transportation.
- e. Students in grades 9-12 who reside within an Urban Transit area (UTA) **ARE NOT ELIGIBLE** for transportation.
- f. Those secondary students residing outside the UTA and attending their designated school and who reside more than 4.0 km from school **WILL CONTINUE TO RECEIVE** transportation.

Note : Students who are eligible for transportation may be required to walk up to 1.0 km to/from their bus stop.

3. Travel Rate as shown in Part Xiii-Post Ceiling And Education/Travel Allowances Guidelines held by your Outside Canada Support Unit.

4. Enclose a letter from school attended stating that the school does not provide transportation.

Certification by the member
 5. I certify that the method chosen to transport my son/daughter to/from school is the most economical and practicable method of transportation.

- (i) Travel by Low Rate of Mileage for PMC in Kms from Home to School _____
- (ii) Number of School Days _____
- (iii) Other (specify and provide substantiation) _____

6. I accept this Education Allowance for school transportation on the condition that I may be required to present proof that this transportation has taken place in the event of an audit. Such documentation should be kept for a period of 7 years to satisfy audit requirements.

I request Education Allowance for School Transportation in the amount of _____.

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 _____

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

MAXIMUM EDUCATION ALLOWANCE FOR SCHOOL TRANSPORTATION AS PER PART XIII-POST CEILING AND EDUCATION/TRAVEL ALLOWANCES GUIDELINES: \$ _____
 TOTAL EDUCATION 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: GRC0000B3228**
 Civilian Personnel Financial Coding: Contact DCBA 5/DEM/ MSGU Financial Coding: CC: 2300AQ Fund: C117 GL 1211 IO: _____
(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: _____