



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 # 22A — FAMILY REUNION TRAVEL (FRT) –THIRD LOCATION TRAVEL– LOCATION ON DIRECT ROUTING BETWEEN MEMBER’S HEADQUARTERS CITY AND POST

EFFECTIVE 01 JANUARY 2006

SN _____ RANK _____ NAME _____
 HEADQUARTERS CITY _____ POST: _____
 COS DATE _____ TED DATE _____
 DATE OF PREVIOUS FRT TAKEN DURING 12 MONTH PERIOD: _____

THIRD LOCATION CITY:

Family Reunion Travel – Travel to Third Location –
Location on a direct routing between Member’s Headquarters City and Post

ITINERARY WORKSHEET FOR FRT TO THIRD LOCATION

PART I – POST CEILING ENTITLEMENTS

Found at web site www.forces.gc.ca/dgcb/educat Part IX Article 637.01(iii)

Dependants’ Departure Airport:

Airline:

Travel Dates:

From:

To:

FAMILY MEMBER THAT WILL TRAVEL TO THIRD LOCATION

	A Spouse	B Child	C Child	D Child	E Child	F Child
Name						
DOB						
School Grade						
Dollar Entitlement	C\$	C\$	C\$	C\$	C\$	C\$
Total Family A+B+C+D+E+F = FRT Entitlement				CAD \$		

PART II – ESTIMATE OF ACTUAL COST FOR ENTITLED DEPENDANTS TO THIRD LOCATION

	A Spouse	B Child	C Child	D Child	E Child	F Child
Airfare	C\$	C\$	C\$	C\$	C\$	C\$
Taxes						
Transportation to/from airport						
Total Family A+B+C+D+E+F = FRT Cost				CAD \$		
Total Taxes						
Service Fees						

PART III – BALANCE OF ENTITLEMENT AVAILABLE TO MEMBER

Entitlement = (Part I - A to F)	
Less Family Cost (Part II – A to F)	
Balance available to Member’s Travel	

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. In determining third location for family reunion travel based on direct routing to/from post using the most practical direct flight, I will provide and itinerary showing the intended third location using a carrier associated with one of the following airline alliances:
 - (a) Star alliance (<http://www.staralliance.com/star/frame/main.html>); or
 - (b) Northwest Airlines Global Alliance Partners (<http://www.nwa.com/corpinfo/allia/>); or
 - (c) Sky Team (<http://www.skyteam.com/skyteam>).
- 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 Travel allowances.
Clerk's Initials _____

Verified and Recommended by Approving Authority _____ Date: _____

- Upon approval from NDHQ, Outside Canada Support unit is to provide the member with an authorized copy of this allowance

NDHQ Approval and Certified pursuant to Section 34 of the FAA Block

DEM Case # : _____

MAXIMUM FAMILY REUNION TRAVEL ALLOWED AS PER PART XV-TRAVEL RATES GUIDELINES \$ _____

TOTAL EDUCATION TRAVEL ALLOWANCE AUTHORIZED IN LOCAL CURRENCY: _____

NDHQ Authority Signature:

Date:

Financial Coding: **GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000B0955**

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

DEM Case #: _____

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: GRC0000B0955**

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: _____