



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 # 21D-

- CHILD AT POST - FAMILY REUNION TRAVEL (FRT) – VISITING UNDER CUSTODY ARRANGEMENTS – REUNION WITH DEPENDENT CHILD’S OTHER PARENT; OR**
 CHILD NOT AT POST – VISITING UNDER CUSTODY ARRANGEMENTS–NON-DEPENDENT CHILD VISITING POST

EFFECTIVE 01 JANUARY 2006

SN _____ RANK _____ NAME _____

UIC/UNIT _____ COS DATE _____ TED DATE _____

HEADQUARTERS CITY (MEMBER’S LAST POST IN CANADA) _____

CHILD’S NAME: _____ DATE OF BIRTH (dd/mm/yyyy): _____

Family Reunion Travel — Visiting under Custody Arrangements

1. Family Reunion Travel (return travel):

Date	Flight	From	To	Date

2. Date of previous FRTs taken during past 12 month period and Part II -- *Family Union Travel- Verification and Certification* has been provided to the Outside Canada support Unit: _____

Entitlement

Visiting under Custody Agreement - Where a custody agreement is in place, payment of a family reunion travel allowance may be authorized as follows:

- Reunion with Dependent Child’s other Parent: Where the member/spouse/common law partner is responsible for travel for a dependent child,
 (a) who is residing with the member at the mission; or
 (b) who is a dependent student for whom an education allowance for education away from the post has been authorized to visit the other parent, a FRT allowance may be authorized for up to two trips in a 12-month period, less the cost of travel, if any, between the location of the child’s other parent and the member headquarters city.
 OR.....
- Non-dependent Child Visiting the Post: A family reunion travel allowance may be authorized for a child of the member/spouse/common law partner, who does not reside at the post or qualify for an Education Allowance for the sole reason that the child does not normally reside with the member/spouse/common law partner, but the latter has visiting privileges with the child under the terms of a custody agreement, for up to two trips per 12-month period, from the location of the child to the employee’s post, less the cost of travel, if any, between the location of the child and the member’s headquarters city.

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 to 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: GRC0000B3223**

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				
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. <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Signature Date </div>		

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: GRC0000B3223**

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