National Défense	TENERAL ALLUWANCE CLAIN			VOUCER NO	
NOTE: THE USE OF THIS FO	ORM IS RESTRICTED TO ONE	E KIND OF ALLOWANCE PER SHEET		BATCH NO –	
TO BE USED FOR ALLOWANCES FOR WHICH FORMS HAVE ALREADY BEEN PROVIDED  FORM # 16 - EDUCATION ALLOWANCE – EDUCATION TRAVEL ON BEHALF OF A SECONDARY STUDENT					
ATTENDING A CANADIA	AN CURRICULUM SCH	OOL AWAY FROM POST	EFFL	ECTIVE 01 JANUARY 2006	
S <u>N</u>	RANK	NAME			
UIC/UNIT		SY1	SEPTEMBER _	TO 31 AUGUST	
STUDENT NAME:		DATE OF BIRTH	(dd/mm/yyyy):		
Name of School attending:	Name of School attending:  SCHOOL GRADE			PADE	
			301100L G	NADL	
		n Travel (One Way Travel):		Dete	
Date	Flight	From	То	Date	
<ul> <li>Entitlement</li> <li>3. Education travel (one way) may be provided to enable a member to claim an allowance for travelling expense for a dependent student where neither IRP nor FRT applies. It is not designed to supplement the provisions of these directives but to provide assistance for the payment of travelling expenses, which are normally incurred at the commencement and termination of a member's assignment to a post. One-way education travel: <ul> <li>a. from the post to attend a secondary Canadian curriculum school away from the post, where relocation expenses on behalf of the dependent student has been authorized;</li> <li>b. up to the school year of the 21<sup>st</sup> birthday, from a secondary Canadian curriculum school away from post to the post, when the dependent student ceases full time attendance at a secondary Canadian curriculum school away from the post.</li> </ul> </li> </ul>					
		Approving Authority that you under	rstand the param	eters of this allowance.	
☐ I accept this Education T	ravel allowance on the cor	ndition that within 30 days after com	pletion of travel,	I am required to complete	
Part II- Travel Allowance	e -Verification and Certificat	tion and forward to the Approving Au	uthority Outside (	Canada Support Unit.	
☐ I understand that upon re	eceipt of Part II <i>Travel Allo</i>	wance – Verification and Certificatio	n that the Approx	ving Authority may adjust the	
Education Travel amoun	nt provided on this form if I	couldn't demonstrate that the travel	allowance has be	een used for the purpose	
intended. Adjustment wil	Il be the portion that is not s	substantiated.			
☐ I understand that that no	on-compliance, submission	of Part II- <i>Travel Allowance</i> – Verific	cation and Certifi	cation, will result in no further	
travel allowances until re	equired documentation rega	arding this allowance has been subr	nitted.		
☐ I understand that proof (	photocopies) of travel may	consist of: (a) boarding passes, or (	(b) passport entri	es	
☐ I understand that air trav	vel for this Education Travel	allowance is based on direct routin	g using the most	economical airfare (which	
	sion rate). Business Class				
I understand that airfare to cover expenses incuring		llowance is "up to" the maximum all	owed in the Part	XV-Travel Rates Guidelines	
☐ Ground Transportation to	o/from airport and en route	meals \$50 .00; or			
☐ Substantiate amount wit	h written outline of costs \$				
☐ I request a n Education					
☐ 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 NDI	HQ, Outside Canada Supp	ort Unit is to provide the member with	th an authorized	copy of this allowance	

Pag	e	1	of	3

Page 2 of 3 Form	n 16 – Member's	Name:				
Page 2 of 3 Form 16 – Member's Name:  NDHQ Approval and Certified pursuant to Section 34 of the FAA Block  DEM Case #:						
TOTAL EDUCATION TRAVEL ALLOWANCE AUTHORIZED IN LOCAL CURRENCY:						
NDHQ Authority	Signature:			Date:		
Financial Coding: GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000B3214  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	t of	Currency	Exchang	ge Rate used:	CHEQUE NO	).
Claimant's Signa	ture		Date:		Cashier's Initia	als:
PART II -Travel Allowance – Verification and Certification  SN RANK NAME						
Travel Dates	Persons Travelling	Locations Visited	Travel Mode Used	EXPENSE (Detail)	S Expenses (Detail)	Total Amount Spent
Post:					Amount spent (C\$):	
			Amount received (C\$):			
Date Funds Received:  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		Difference:  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.				
described above for 7 years, as per FAA and CCRA Please fax or e-mail (as an attachment) to your Outside Canada Support Unit			Signat	ure	Date	

Page 3 of 3 Form	16 – Member's Name:				
	Reporting requirements	and verification of allowan	ices		
<b>Approving Autho</b>	rity Officer Approval and Certified p	ursuant to Section 34 of the I	FAA Block		
MAXIMUM ALLOV	VANCE AUTHORIZED FOR THIS TRA	AVEL \$			
1. ALLOWAN	1. ALLOWANCE CALCULATION OVER AND ADDITIONAL ALLOWANCE AUTHORIZED IN THE AMOUNT OF:				
\$					
2. ALLOWAN	ICE CALCULATION UNDER ALLOW	ANCE AUTHORIZED AND REC	COVERY ACTION TO TAKE		
PLACE IN	THE AMOUNT OF: \$				
	· ·				
Approving Authorit	y Officer Signature:	Date:			
Financial Cadina	Cl. 4244 Coot Comtrol 22027F F	d. C402 IO. CDC0000D22	4.4		
Financial Coding:	GL: 1211, Cost Centre: 2202ZF, F	·			
	MSGU Financial Coding: CC: 230	0AQ Fund: C117 GL: 1211 IC	):		
	Civilian Personnel Financial Codin	g: 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	Da	ite:	Cashier's Initials:		