



GENERAL ALLOWANCE CLAIM

VOUCHER 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 # 16ET - EDUCATION ALLOWANCE - ESCORT TRAVEL ON BEHALF OF A SECONDARY STUDENT ATTENDING A CANADIAN CURRICULUM SCHOOL AWAY FROM POST

EFFECTIVE 01 JANUARY 2006

SN _____ RANK _____ NAME _____

UIC/UNIT _____ SY 01 SEPTEMBER _____ TO 31 AUGUST _____

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

Name/address/telephone number of School attending: _____

SCHOOL GRADE _____

Education Allowance Benefit (For PMC travel, use Form 22PMC)

2. Escort Travel on behalf of (Escort Name): _____

Date	Flight	From	To	Date

Entitlement

3. When an education allowance is authorized for a secondary, elementary student away from the Post, an allowance for return travel may be authorized for one parent to accompany the student from the Post to the school at the beginning of the first school year that the student studies away from the Post.

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

- I accept this Education Travel allowance on the condition that within 30 days after completion of travel, I am required to complete Part II- *Travel Allowance -Verification and Certification* and forward 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 Education 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 (photocopies) of travel may consist of: (a) boarding passes, or (b) passport entries
- I understand that air travel for this Education 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 understand that airfare for this Education 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 .00 (applicable to air travel only); or
- Substantiate amount with written outline of costs \$ _____
- I request an Education 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.)

Signature of Member: _____

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: GRC0000B3215

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: _____

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: GRC0000B3215**

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: _____