National Defence / Défense Nationale

GENERAL ALLOWANCE CLAIM

VOUCER NO –

BATCH 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.

FORM # 16S -EDUCATION ALLOWANCE – SECONDARY (GRADES 9 TO 12) - SHIPMENT OF PERSONAL EFFECTS OR STORAGE BETWEEN CONSECUTIVE SCHOOL YEARS

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:

GRADE _____

Education Allowance Benefit

1. Allowance based on shipment of 100KG of personal effects:
   a. Personal Effects includes clothing, books, computer, radio, CD player, bicycle.
   b. Method of shipment is the most economical means:
      (i) from post to school on enrolment; or
      (ii) from school to post on cessation of schooling when the student is returning to post to take up residence with the member or the APS/Summer period in the year of the member's tour expiry.
   c. Entitlement would be up to the last day of the school year in which the entitled dependant turns 21 years of age.

Entitlement

2. Most economical may include:
   a. United Parcel Service: www.ups.com or FedEx: www.fedex.com or other parcel company;
   b. parcel post using postal system;
   c. excess baggage by air with the student (this would be in addition to the allowable two pieces) charges would be approximately 140.00 dollars plus tax per piece under 45KGs. Bicycle would be approximately the same price;
   d. air freight;
   e. PMC when education travel via PMC has been authorized; or
   f. other economical means as determined by the Outside Canada Approving Authority

   Note 1: Shipment of 100 Kg by a moving company is NOT authorized due to cost.

3. Commercial storage of Personal Effects between consecutive school years is based on 100KG of personal effects as defined in para 1. Allowance applies to storage of personal effects during the summer months (i.e., July and August) between consecutive school years.

4. Education Allowance to cover cost of Shipment of Personal Effects. Cost estimate to be provided by the Member

Certification by the member

5. I accept this Education Allowance for Shipment of Personal Effects or Storage of Effects between Consecutive School Years on the condition that I may be required to present proof the shipment of personal effects or the storage of personal effects for which this allowance is intended has/will in fact occur. Way Bill, shipment notice, receipts from commercial storage company and/or other applicable documentation should be kept for a period of 7 years to satisfy any audit requirements.

I request Education Allowance in the amount of:
(a) _____ for Shipment of Personal Effects (**provide estimate**),
(b) _____ for Commercial Storage of Personal Effects (**provide estimate**).

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 _____

Verified and Recommended ☐ **by Approving Authority** _____ **Date:** _____
☐ **Upon approval, 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 #: _____

TOTAL EDUCATION ALLOWANCE FOR SHIPMENT OF PERSONAL EFFECTS/COMMERICAL STORAGE OF PERSONAL EFFECTS IN LOCAL CURRENCY _____ IS APPROVED.

NDHQ Authority Signature: Date:
Member advised on date: by:
Financial Coding: **GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000B3216**
☐ 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: _____