



National Défense
Defence Nationale

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 # 26 - EDUCATION ALLOWANCE - SUBMISSION TO NDHQ / FOREIGN SERVICE INTERDEPARTMENTAL COORDINATING COMMITTEE *EFFECTIVE 01 JANUARY 2006*

SN _____ RANK _____ NAME _____

UIC/UNIT _____ SY 1 SEPTEMBER _____ TO 31 AUGUST _____

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

Name/address/telephone number of School attending:

SCHOOL GRADE _____

Benefit - (Indicate benefit you are requesting)

- Education allowance
- Travel Allowance

Entitlement - (Indicate entitlement you are requesting)

- Applicable article in the Outside Canada Education of Children "How To" Book _____
- Applicable FSD article _____

Certification by the member

Submission to NDHQ/DCBA to include facts in point form surrounding the request. Submission must be supported by documentation.

Member's Signature:

Date:

Outside Canada Approving Authority Office use only

Recommendation of the Outside Canada Support Unit Approving Authority Officer

Supporting documentation enclosed

Verified and Recommended by Approving Authority Officer _____ Date: _____

Upon approval or denial by NDHQ Authority, Outside Canada Support Unit Approving Authority is to provide the member with a copy of this form.

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

DEM Case #: _____

- FSD article _____
- Applicable article in the Outside Canada Education of Children "How To" Book _____
- Submission to appropriate foreign service interdepartmental coordinating committee required.

TOTAL ALLOWANCE AUTHORIZED IN LOCAL CURRENCY: _____

NDHQ Authority Signature:

Date:

Financial Coding: **GL: 1211, Cost Centre: 2202ZF, Fund: C103, IO: GRC0000:** _____

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: _____