

TEACHER CONTRACT AND BENEFITS



National Defence

GENERAL ALLOWANCE CLAIM

VOUCHER 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.

REQUEST FOR COMPASSIONATE TRAVEL ALLOWANCE

DND SCHOOL TEACHER: NAME _____
 SCHOOL: _____ DESTINATION _____
 DATES OF TRAVEL: _____ ILLNESS/DEATH OF: _____

DESCRIPTION	CALCULATIONS	AMOUNTS
80% of the Lowest Airfare Cost		
Taxis/Bus/Train/PMOV		
Meals		
Hotels (Stopovers)		
Incidentals		
TOTAL AMOUNT OF THE CLAIMABLE ALLOWANCE		

REQUEST FOR COMPASSIONATE TRAVEL ALLOWANCE MUST INCLUDE:

- Summary of the circumstances leading to the compassionate travel;
- A detailed itinerary of the journey;
- The lowest airfare cost, including reduced or discounted fares; and
- Child travel benefit to be approved prior to travel.

I certify that the allowance will be used as identified in the request, and that any changes to the proposed travel will be reported to the senior officer, as well as any subsequent rebate within the 14 days.

I request a Compassionate Travel Allowance in the amount of: \$ _____ Date: _____
 Member's Signature : _____

Submitting Administrative Office :
 Verified and Recommended by: _____ Date: _____

CFSU(E) Senior Officer Approval & Certified pursuant to Section 34 of the FAA Block

Compassionate Travel Allowance \$ _____ is approved.

Senior Officer Signature: _____ Date: _____

Member advised on date: _____ Message No. _____

Financial coding : 2202ZA C103 1210 GRC0000FUGAF

(For FMAS purposes, the line description must show: Last three digits SN and member's last name)

Amount Received: _____ /100 Cheque # _____

Claimant's Signature: _____ Date: _____