

TFN Enrichment Activity Travel Claim

NOTE: Please Check the policy that you are applying for:

Arts and Culture: Child and Youth Skills Enhancement:
 Athletic Fund: Adult Skills Enhancement:

Name of Participant:		Travel Dates:	
Band Number:		Traveling To and From:	
Make cheque payable to:		Reason for travel:	
Activity			

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Meals (\$15.00/each)								
Accommodation (\$125/night)								
Mileage: \$0.20/km)								
Parking(receipts required)								
Public Transportation								
Total amount requesting								

I certify that all information that is provided is true and correct. If under the age of 18 a parent/guardian's signature is required.
 By signing below, I agree that if I/my child(ren) do not complete the above listed activity, I will return the funds paid on my behalf to Temagami First Nation Enrichment Funds.

 Name of Applicant (please print)

 Name of Parent/Guardian (please print)

 Signature of Applicant

 Signature of Parent/Guardian

 Date