

# Health Travel Claim

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Meals (\$15.00/each)								
Accommodation (Hotel -\$125/night Private - \$25/night)								
Transportation (KM- 20 cents/km <b>Public</b> - receipts req. <b>Boat/snowmachine</b> - \$40/trip max.)								
Parking (Receipts required)								
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.  
 I understand that if any funds are not used for the purposes outlined, the money will be owed back to the Enrichment Fund program.

\_\_\_\_\_  
 Name of Applicant ( please print)

\_\_\_\_\_  
 Name of Parent/Guardian ( please print)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date