

# Terminal Illness Travel Form

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

	Fixed Rates	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Travel	<b>Taxi/Bus</b> -Receipts required <b>KMs</b> - 20 cents/km <b>Boat/Snowmachine</b> \$40/trip max								
Accomodations	<b>Private</b> -\$25/night <b>Temp</b> - \$1000/mon								
Meals	\$15/meal								
Groceries	\$300/month								
Hospital Parking	Receipts Required								
<b>Total</b>									

I certify that all information that is provided is true and correct. 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