

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 (\$20.00/each)								
Accommodation (Hotel -\$150/night - receipts required Private - \$40/night)								
Transportation (KM - 42 cents/km Public - receipts req. Boat/snowmachine - \$50/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