TFN Enrichment Activity Travel Claim

Arts and Culture

				Athletic Funds				
				Skills Enhanceme	ent			
Name:				Travel Dates:				
Band Number:				Traveling To an	nd From:			
Make cheque payable to:				Reason for Travel:				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Meals (\$20.00/each)	monacy	raesaay	rreamesaay	marsacy	Triday	Saturally .	Sanaay	Total
Accommodation (Hotel -\$150/night - receipts required								
Transportation: KM- 42 cents/km Public - receipts req. Boat/snowmachine - \$50/trip max.								
Parking (Receipts required)								
Total amount requesting								
I certify that all inform I understand that if a	-			_		_	-	
Name of Applicant (please print)			Name of Parent/Guardian (please print)					
Signature of Applicant			Signature of Parent/Guardian				Date	

NOTE: Please check the policy you are applying for: