



TEMAGAMI FIRST NATION

BEAR ISLAND,
LAKE TEMAGAMI, ONTARIO P0H 1C0
TEL 1.888.737.9884 | 705-237-8943
FAX 705.237.8959

Community Days 2025

TRAVEL SUBSIDY CLAIM FORM

Applicant Name: _____

TFN Band No.: _____

TAA Citizen No.: _____

Address: _____

Email: _____

Phone: _____

Travel Date: _____

Travel From (place of residence): _____

Additional Passengers:

(Circle)

Name: _____ TFN/TAA # _____

Name: _____ TFN/TAA # _____

Name: _____ TFN/TAA # _____

Travel via:

Vehicle

Flight

Cheque Payable To: _____

* Attach original gas/flight receipts and band/citizenship proof of ID.

* See Travel Subsidy Criteria for full details.

Conditional Approval: _____

Holly Charyna, PAC Lead



PAST ANNUITIES COMPENSATION TEAM

705.237.8943 ext.123

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