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TRAVEL FORM

! IMPORTANT

This form is only to be filled out and submitted once the student has received a funding approval package from FANS office indicating they will be receiving the travel benefit.

FANS provides round-trip travel from your home community directly to your school location. FANS covers only the travel costs for the approved locations listed on your Approval of FANS Benefits letter. Travel benefits cannot be transferred to another academic year. Any unused travel will be forfeit. If you do not request travel home within 2 weeks of the end of your classes or submit an **Early/Late Travel Request Form** within these 2 weeks, you will forfeit your travel benefit. In addition, FANS does not cover excess baggage, cargo, change/upgrade fees, meal costs or taxi fares.

INSTRUCTIONS

- Complete and submit this form to FANSTravel@gov.nu.ca at least 2 weeks before your requested travel date.
- Your travel to school must be within 2 weeks of your program start date and you must travel home within 2 weeks of the end of classes.
- If you require travel outside these time-frames, you must submit an **Early/Late Travel Request Form** for Manager approval. Failure to do so can result in a forfeit of any remaining travel benefit.
- Once the FANS office has booked your travel, you will receive your itinerary by email. If the FANS office was unable to book the dates you requested, they will email you to discuss alternates dates. While the FANS office makes every attempt to accommodate your travel dates, this may not always be possible.
- When completing this form, make sure that all travelers names match the names on their identification.

Submit your completed form to: FANSTravel@gov.nu.ca



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TRAVEL FORM

| A - TO BE COMPLETED BY STUDENT | |
|--------------------------------|---------------------------|
| Student Name | Date of Birth (YY-MM-DD): |
| Home Community | School Location |
| Date of Travel | Destination |
| Phone Number | Email Address |

| ames of Dependant's traveling with the student (Ple | ease use text fields below) |
|---|---------------------------------------|
| EPENDANT'S NAME: | DEPENDANT'S DATE OF BIRTH (YY-MM-DD): |
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 Name(s) of dependants NOT traveling on the same date as the student (Please use text fields below)

 DEPENDANT'S NAME:
 DEPENDANT'S DATE OF BIRTH (YY-MM-DD):

 Image: Image:



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FANS TRAVEL REIMBURSEMENT APPLICATION FORM

! IMPORTANT

Please note that FANS only reimburses airfare and hotel charges. FANS does not reimburse for baggage costs, flight change fees, taxi fares, meal costs or other travel-related expenses unless you have been specifically authorized to submit such expenses. Also, FANS only reimburses the amount FANS would have paid for the expense or the actual amount paid, whichever is less. **All travel reimbursements will be deposited to the bank account currently on file for the student.**

Submit your completed Form with receipts to: FANSTravel@gov.nu.ca

| A - PERSONAL INFORMATION | |
|--------------------------|----------------|
| Student Name | Home Community |
| School Location | |
| Phone Number | Email Address |

| AIRFARE | | | |
|---------|----|-----------------|-------------|
| FROM | то | DATE (YY-MM-DD) | AMOUNT PAID |
| | | | |
| | | | |
| | | | |

| HOTEL | | | |
|------------|----------|-----------------|-------------|
| HOTEL NAME | LOCATION | DATE (YY-MM-DD) | AMOUNT PAID |
| | | | |
| | | | |
| | | | |

| XPENSES | | |
|---------|-----------------|-------------|
| | DATE (YY-MM-DD) | AMOUNT PAID |
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| | XPENSES | |

TOTAL AMOUNT CLAIMED



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FANS TRAVEL REIMBURSEMENT APPLICATION FORM

PLEASE ATTACH COPIES OF ALL RECEIPTS

In making this application, I am confirming that I have not applied for or received reimbursement from any other governmental, Inuit or other organization for the expenses claimed. I am also confirming that, to the best of my knowledge, all of the information I have provided is true. I understand that if any of the information I have provided is false, that my reimbursement may be denied and I may be denied future FANS funding.

Student Signature

Date (yy-mm-dd)

NOTE: If someone other than the student paid the travel expenses, that person must send an email to FANSTravel@gov.nu.ca with the subject line "Travel Reimbursement Application - Payer Approval" indicating that they approve of the student receiving the reimbursement.

| Total Amount Claimed: | FANS OFFICE USE ON | LY | |
|-----------------------|-----------------------|----|------|
| | Total Amount Claimed: | | |
| Voucher Number: | Total Amount Paid: | | |
| | Voucher Number: | | |