



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

Names of Dependant's traveling with the student (Please use text fields below)

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

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):

Date of Travel

By clicking this box you are signing and confirming that these are the travellers and the dates of travel.



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 Department of Education
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 Ministère de l'Éducation

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	TO	DATE (YY-MM-DD)	AMOUNT PAID

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

OTHER AUTHORIZED EXPENSES			
ITEM	DATE (YY-MM-DD)	AMOUNT PAID	

TOTAL AMOUNT CLAIMED			
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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.

FANS OFFICE USE ONLY

Total Amount Claimed: _____

Total Amount Paid: _____

Voucher Number: _____