

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.**

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 INFORM	ATION			
Student Name		Home Community		
School Location				
Phone Number		Email Address		
AIRFARE				
FROM	то	DATE (YY-MM-DD)	AMOUNT PAID	
HOTEL				
HOTEL HOTEL NAME	LOCATION	DATE (YY-MM-DD)	AMOUNT PAID	
HOTEL NAME	LOCATION	DATE (TT-WIWI-DD)	AMOUNT FAID	
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.

information I have provided is false, that my reimburs 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:				
Total Amount Paid:				