

# Municipal Training Financial Assistance Fund Application



Contact Information		
Name of Municipality:	.....	
Municipal Address:	.....	
Contact Person:	.....	
Telephone:	Fax:	E-mail:
.....	.....	.....

Training Activity Information	
Name of Attendee	Position Title (e.g. Clerk, Councillor)
.....	.....
Name of Activity:	Date(s) of Activity:
.....	.....
Location(s):	Sponsoring Group:
.....	.....
Brief Description of Activity:	
.....	

Statement of Expenses		
<i>Reimbursements – provide copies of all receipts verified by the Clerk</i>		
Date(s) Travelled:	From:	To:
.....	.....	.....
	Time of Departure:	Time of Return Home:
	.....	.....

Registration or Course Fee - receipt required						.....
Meals (Maximum = \$43.70; No receipt required)	# of Breakfasts	.....	x	\$8.00	=	.....
	# of Lunches	.....	x	\$14.00	=	.....
	# of Dinners	.....	x	\$21.70	=	.....

Accommodations (Up to \$120 per night tax included- receipt required)	# of Nights	.....	x	.....	=	.....
				(Per Night)		
Travel	# of KM	.....	x	Current Basic Rate*	=	.....
(*Current Basic Rate per kilometer is available at <a href="http://www.exec.gov.nl.ca/exec/hrs/working_with_us/auto_reimbursement.html">http://www.exec.gov.nl.ca/exec/hrs/working_with_us/auto_reimbursement.html</a> - should there be a discrepancy between the rate used in the application and the current rate on the above noted internet site, the current quarterly rate will be reimbursed)						

Other Travel Costs: (e.g. Airfare and taxi -receipt required)	.....	=	.....
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Other Costs: (e.g. Texts, Course Materials - receipt required)	.....	=	.....
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<b>TOTAL COSTS:</b>	.....
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<b><i>This verifies that council has reviewed this application, agrees to its accuracy and authorizes its submission for reimbursement.</i></b>	Print Name	.....
	Position:	.....
	Signature:	.....

**IMPORTANT: Claims must be submitted one month after the completion of your training.**

Send application & <u>all</u> supporting documents to: <b>Fax:</b> (709) 729-3605  <b>Mail:</b> Municipal Finance Division, Department of Municipal Affairs 4th Floor West Block, Confederation Bldg P.O. Box 8700, St. John's, NL A1B 4J6	<b>For Office Use Only:</b>
	Reimbursement 50% _____ 75% _____
	<b>Processed By:</b> _____
	<b>Date:</b> _____
	<b>Approved By:</b> _____
	<b>Date:</b> _____