

Contact Information																			
Name of Municipality: _____																			
Municipal Address: _____																			
Contact Person: _____																			
Telephone: _____	Email: _____																		
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 = \$52.44/day; No receipt required)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"># of Breakfasts</td> <td style="width: 10%;">_____</td> <td style="width: 5%;">x</td> <td style="width: 15%;">\$9.60</td> <td style="width: 5%;">=</td> <td style="width: 35%;">_____</td> </tr> <tr> <td># of Lunches</td> <td>_____</td> <td>x</td> <td>\$16.80</td> <td>=</td> <td>_____</td> </tr> <tr> <td># of Dinners</td> <td>_____</td> <td>x</td> <td>\$26.04</td> <td>=</td> <td>_____</td> </tr> </table>	# of Breakfasts	_____	x	\$9.60	=	_____	# of Lunches	_____	x	\$16.80	=	_____	# of Dinners	_____	x	\$26.04	=	_____
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Accommodations	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"># of Nights</td> <td style="width: 10%;">_____</td> <td style="width: 5%;">x</td> <td style="width: 15%;">_____</td> <td style="width: 5%;">=</td> <td style="width: 35%;">_____</td> </tr> <tr> <td colspan="6" style="text-align: center; font-size: small;">(Max \$120/ Night – receipt required)</td> </tr> </table>	# of Nights	_____	x	_____	=	_____	(Max \$120/ Night – receipt required)											
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Travel	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"># of KM</td> <td style="width: 10%;">_____</td> <td style="width: 5%;">x</td> <td style="width: 15%;">Current Basic Rate*</td> <td style="width: 5%;">=</td> <td style="width: 35%;">_____</td> </tr> </table>	# of KM	_____	x	Current Basic Rate*	=	_____												
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(*Current Basic Rate per kilometer is available at https://www.gov.nl.ca/exec/tbs/working-with-us/auto-reimbursement/ - 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)	_____ = _____																		
Other Costs: (e.g. Texts, Course Materials - receipt required)	_____ = _____																		
TOTAL COSTS:																			
<i>This verifies that council has reviewed this application, agrees to its accuracy and authorizes its submission for reimbursement.</i>	Print Name _____ Signature _____ Position _____																		
Send application & <u>all</u> supporting documents to: Fax: (709) 729-3605 Email: specialassistancegrants@gov.nl.ca Mail: Municipal Finance Division, Department of Municipal and Provincial Affairs 4th Floor West Block, Confederation Bldg P.O. Box 8700, St. John's, NL A1B 4J6	For Office Use Only: Reimbursement 50% _____ 75% _____ Processed By: _____ Approved By: _____ Date: _____																		