Municipal Training Financial Assistance Fund Application



Municipal Address: Contact Person: Telephone:	Contact Information					
Contact Person: Telephone:	Name of Municipality:					
Training Activity Information Name of Activity:	Municipal Address:					
Training Activity Information Name of Attendee Position Title (e.g. Clerk, Councillor) Name of Attendee Position Title (e.g. Clerk, Councillor) Name of Activity: Doate(s) of Activity: Sponsoring Group: Statement of Expenses Relimbursement – provide copies of all receipts verified by the Clerk) Date(s) Travelled: From: Time of Departure: Time of Return Home: Registration or Course Fee – receipt required Meals (Maximum = \$\$2.44/day; No receipt required) # of Breakfasts # of Dinners # of Dinners # of Dinners # of Nights X \$ \$16.80 = # of Dinners # of Nights Accommodations # of Ni	Contact Person:					
Name of Activity: Date(s) of Activity: Location(s): Sponsoring Group: Statement of Expenses Reimbursements – provide copies of all receipts verified by the Clerk) 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) # of Breakfasts	Telephone:	Email:				
Name of Activity:	Training Activity Information					
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Time of Departure:	Statement of Expenses					
Registration or Course Fee - receipt required Meals		ified by the Clerk)				
Meals (Maximum = \$52.44/day; No receipt required) # of Breakfasts	Date(s) Travelled:	From:	То:			
Meals (Maximum = \$52.44/day; No receipt required) # of Lunches # of Lunches # of Dinners x \$16.80 # Accommodations # of Nights x \$26.04 # of Lunches # of Nights x \$26.04 # of Lunches # of Nights X \$26.04 # of Lunches # of Nights X \$26.04 # of KM x Current Basic Rate # =	Time of Departure:	Time of Return Home:				
(Maximum = \$52.44/day; No receipt required) # of Lunches # of Dinners x \$26.04 = Accommodations # of Nights x (Max \$126/Night - receipt required) Travel # of KM x * Current Basic Rate * = ("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 user in the application and the current rate on the above noted internet site, the current quarterly rate will be relimbursed) Other Travel Costs: (e.g. Airfare and taxi -receipt required) Other Costs: (e.g. Texts, Course Materials - receipt required) TOTAL COSTS: This verifies that council has reviewed this application, agrees to its accuracy and authorizes its submission for reimbursement. Position Send application & all supporting documents to: Fax: (709) 729-3605 Email: Specialassistancegrants@gov.nl.ca Processed By: Mail: Municipal Finance Division, Department of Municipal and Provincial Affairs 4th Floor West Block, Confederation Bldg # of Lunches # of Dinners x \$16.80 = (Max \$126, Night - receipt required) x Current Basic Rate * = (Max \$126, Night - receipt required) x Current Basic Rate * = (**Current Basic Rate	Registration or Course Fee - receipt requi	red			10	
# of Lunches	Meals (Maximum = \$52.44/day; No receipt required)	# of Breakfasts	x	\$9.60	=	·
Accommodations # of Nights x					=	
Travel # of KM x Current Basic Rate = =		# of Dinners	х	\$26.04	=	
Travel # of KM x Current Basic Rate * =	Accommodations	# of Nights	x		= <u></u>	<u> </u>
(*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: This verifies that council has reviewed this application, agrees to its accuracy and authorizes Signature Position Send application & all 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	Travel	# of KM	-		•	
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Email:specialassistancegrants@gov.nl.ca Mail: Municipal Finance Division, Department of Municipal and Provincial Affairs Approved By: Date:	Send application & <u>all</u> supporting docume					:
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Department of Municipal and Approved By: Provincial Affairs Ath Floor West Block, Confederation Bldg	Mail: Municipal Finance Division,	. rocessed by.				
Provincial Affairs 4th Floor West Block, Confederation Bldg	1	Approved By:				
	Provincial Affairs					
P.O. Box 8700, St. John's, NL A1B 4J6		_				
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