

Contact Information		
Name of Municipality:		
Municipal Address:		
Contact Person:		
Telephone Number:		Email Address:
Training Activity Information		
Name of Attendee:	Position Title (e.g. Clerk, Councilor)	
Name of Activity:	Date(s) of Activity:	
Location(s):		
Sponsoring Group:		
Brief Description of Activity: _____		
Statement of Expenses		
Reimbursements – provide copies of all receipts verified by the Clerk		
Date(s) Travelled: _____		
From: _____ To: _____		
Registration or Course Fee - receipt required: = _____		
Meals (Maximum \$52.44 per day: <i>no receipt required</i>)		
# of Breakfasts _____	x \$9.60	= _____
# of Lunches _____	x \$16.80	= _____
# of Dinners _____	x \$26.04	= _____
Accommodations (Maximum \$130.00/night receipt is required)		
# of Nights _____	x \$130 _____	= _____
Travel		
#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 used in the application and the current rate on the above noted internet site, the current quarterly rate will be reimbursed)		
Other Costs (ie. Airfare, taxi)		
GRAND TOTAL OF APPLICATION		

This verifies that council has reviewed this application, agrees to its accuracy and authorizes its submission of reimbursed. *Applicants are not to sign off on their own application.*

Print Name: _____

Signature: _____

Position: _____

Send application and all supporting documents to:

Fax: (709) 729-4393

Email: specialassistancegrants@gov.nl.ca

Mail: Municipal Finance Division
Municipal and Community Affairs
4th Floor West Block, Confederation Bldg.
P.O Box 8700, St. John's, NL, A1B 4J6

For Office Use Only:

of Applications: _____ Reached Max of Reimbursement \$2000 _____

Reimbursement: 50% _____ 75% _____

Processed by: _____

Date: _____