**LGANT Regular Member Travel Claim Form**  
**Band-Manager**

Please complete and submit this expense claim form within 30 days of event. Refer to LGANT’s Travel Policy for Band Managers for eligible expenses and reimbursement procedure. Eligible Band Managers will have their full expenses covered by Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Trip Purpose: 2019 LGANT Conference & AGM**

**Municipality/Band:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travelling from:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Travelling to: Yellowknife**

**Departure Date: ­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Return Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If the departure or return date is more than 1 day before or after the conference and you are claiming these travel costs, please provide explanation (e.g. flight schedule, weather related, etc)   
  
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**Mailing address** (Street, P.O. Box, Town/City, Postal Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_

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**Expense details** – please complete the table below with dates, descriptions and costs incurred

All original receipts must be provided with this claim form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** (mm/day/year) | **Description**  (hotel, airfare, taxi, ground travel, etc) | **Cost**  (Not including GST) | **GST** | **MEALS\*** | | | **Total daily cost** |
| Bkfst  $26.00 | Lunch  $28.20 | Dinner  $62.35 |
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| Private car \_\_\_\_\_\_\_ km @ $0.630/km = | | | | | | |  |
| **Subtotal** | | | | | | |  |
| **Total LGANT owing** | | | | | | |  |

\*Meals may only be claimed if NOT provided at conference/event. Where meals are provided and member chooses not to eat provided meals, member is responsible for cost of additional meals.

LGANT and CIRNAC do not provide funding for honourariums, per diems or incidental costs.

**SEE OTHER SIDE**

|  |  |
| --- | --- |
| **Member Signature:** | **Date:** |
| **Authorization (Private Use Only – do not write in this section)** | |
| **Authorized by LGANT Executive Director/President:** | **Date:** |

**Scan/email or mail completed forms and receipts to:**

Local Government Administrators NWT  
P.O. Box 2083  
Yellowknife, NT X1A 2P6  
information@lgant.com

*Receipts that are scanned and emailed will be accepted.*