

Travel Claim/Demande de remboursement

Name/Nom: _____ S.I.N./N.A.S.: _____

Address/Adresse: _____ City/Ville: _____

Province: _____ Postal Code/Code postal: _____

Name of training you took. / Nom du cours que vous avez pris.

Date of training. / Date du cours.

How many days were you in training? / Combien de jours était la formation?

Where was your training (location)? / Où se donne la formation (endroit)?

Signature of member / _____
Signature du membre:

0 - 80 km (Round trip/aller-retour)	Free zone/zone gratuite
81-170 km (Round trip/aller-retour)	\$10.00 per day/par jour
171-250 km (Round trip/aller-retour)	\$15 per day/par jour
251 km and over/et plus (Round trip/aller-retour)	\$60.00 per day/par jour

Remit within 30 days of training / Soumettre en moins de 30 jours après formation

Return to: Labourers' Training Institute of N.B. Inc.
Retournez à: L'Institut de formation des journaliers du N.-B. Inc.
572-D New Maryland Highway
New Maryland, NB E3C 1K1

Approved by: _____

Amount: _____

Coding: