



**Support our Troops**  
**4210 Labelle Street, Ottawa ON K1A 0K2**

Schedule G – Medical/Dental Family Travel – 3 CDSB Garrison Wainwright

CAF MEMBER

<b>Surname</b>		<b>Given Name</b>		<b>Initial(s)</b>
<b>CF One Number</b>			<b>Rank</b>	<b>Unit</b>
<b>Reg Force</b>	<b>Reserves</b>	<b>Class</b>	<b>Service Number</b>	

Hereby make application for the Support our Troops mileage allowance for my child's/spouse's medical or dental appointment in \_\_\_\_\_ Proof of attendance is attached.

*\*Do not include personal medical information with this form.*

MARITAL STATUS

Single	Married	Common-Law	Separated	Divorced	Widow
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PATIENT'S INFORMATION (SPOUSE OR CHILD)

<b>Surname</b>		<b>Given Name</b>		<b>Initial(s)</b>
<b>DATE AND TIME OF MEDICAL OR DENTAL APPOINTMENT</b>			<b>ADDRESS OF MEDICAL OR DENTAL FACILITY</b>	

CONTACT INFORMATION

<b>Mailing Address</b>		<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Home/Cellular Phone</b>		<b>CAF Member's Work Phone</b>		<b>CAF Member's Email Address</b>

Effective 1 Nov 17, CAF families will be reimbursed each time they travel to Edmonton, Camrose or Lloydminster for a spouse's or child's medical or dental appointment, in accordance with the following chart:

Travel to:	Gas	Lunch (max \$30)	Supper (max \$40)	Accommodations (max \$50)	Comments
Edmonton	\$40.00	Up to \$15.00 per person	Up to \$20.00 per person	Up to \$50.00	Patient plus one. Meals and accommodation must be supported by receipts.
Camrose	\$30.00	Up to \$15.00 per person	N/A	N/A	
Lloydminster	\$25.00	Up to \$15.00 per person	N/A	N/A	

Complete the following "Travel Information" as per the chart above.



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TRAVEL INFORMATION

Destination	Gas Cost	TO & FROM WAINWRIGHT		Lunch Cost	EDMONTON ONLY		Total Claim
		Departure Time	Arrival Time		Supper Cost	Accommodations Cost	
		Date	Date				

DISCLOSURE & AUTHORIZATION

I hereby verify that all of the information I have provided with respect to my request for application for financial assistance from Support Our Troops, is true. This will also confirm that I consent to the collection, disclosure and sharing of personal financial information by SOT authorized personnel/SISIP Financial FCs/Chain of Command as deemed necessary for the sole purpose of assessing my request for this application, and for all other purposes associated with the administration of the Support Our Troops Funds and that no other use or disclosure of this information will occur without my consent, other than pursuant to the provisions of the Access to Information Act and Privacy Act.

SIGNATURE

CAF Applicant's signature	Date
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Approval of Senior Manager PSP	Date
<b>Brad Bailey CSN 530-1350</b>	

Charge to:
<b>2360-0-2230-0-03254</b>