



Support our Troops

Box 5000, Moose Jaw, SK S6H 7Z8

Schedule G – Medical/Dental Family Travel – 15 Wing Moose Jaw

MILITARY MEMBER

Surname		Given Name		Initial(s)		
CF One Number			Rank		Unit	
Reg Force	Reserves	Class _____		Service Number		

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.

MARITAL STATUS

Single

Married

Common-Law

Separated

Divorced

Widow

PATIENT'S INFORMATION (SPOUSE OR CHILD)

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

CONTACT INFORMATION

Mailing Address		City		Province		Postal Code	
Home/Cellular Phone		Military Member's Work Phone			Military Member's Email Address		

Effective 1 APR 22, Military families may be eligible for reimbursement each time they travel to and from 1) Moose Jaw - Regina; or 2) Moose Jaw - Saskatoon; or 3) Moose Jaw - other Canadian destinations for a spouse's or child's medical or dental appointment. The claim may be denied if the service is available in Moose Jaw. See chart below for reference (max F/Y amount per family \$250. An additional \$250 may be available dependant on funding):

Travel To/ From:	Total Travel Time	Mileage/Air (Flat Rate)	*Meal 1 (\$15 pp, max \$30)	*Meal 2 (\$15 pp, max \$30)	*Accommodation (\$50 per night max)	Max Per Claim	Comments
MJ - Regina (return)		\$ 15.00	\$ 30.00	N/A	N/A	\$45.00	
MJ - Saskatoon (return)		\$ 40.00	\$ 30.00	\$ 30.00	\$ 50.00	\$150.00	
MJ - Canada		\$ 120.00	\$ 90.00	\$ 90.00	\$ 150.00	\$450.00	

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

Travel To/ From:	Total Travel Time	Mileage/Air (Flat Rate)	*Meal 1 (\$15 pp, max \$30)	*Meal 2 (\$15 pp, max \$30)	*Accommodation (\$50 per night max)	Total Claim (not to exceed Max Per Claim)	Comments

*** Receipts are required for meals and accommodations.**

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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

Applicant's signature

Date

Approval of MFRC Dir

Date

Regan Gorski

Charge to: