



Support our Troops

ALL COMPLETED FORMS AND SUPPORTING DOCUMENTATION ARE TO BE SCANNED AND EMAILED TO +WRT SOT REQUESTS FROM THE DWAN NETWORK. ONLY APPLICATIONS FROM THE CURRENT FISCAL YEAR WILL BE ACCEPTED. IF YOU HAVE ANY QUESTIONS CONTACT BRAD BAILEY AT EXT. 1350

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

CAF MEMBER

Surname		Given Name		Initial(s)
CF One Number			Rank	Unit
Reg Force <input type="checkbox"/>	Reserves <input type="checkbox"/>	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.

**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)

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	CAF Member's Work Phone	CAF Member's Email Address	

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:

				Edmonton Only		Comments
Travel to:	Gas	*Breakfast (max \$30)	Lunch (max \$30)	Dinner (max \$50)	Accommodations (Max \$50)	
Edmonton	\$45.00	Up to \$15 per person	Up to \$15 per person	Up to \$25 per person	Up to \$50	
Camrose	\$30.00	Up to \$15 per person	Up to \$15 per person	N/A	N/A	
Lloydminster	\$25.00	Up to \$15 per person	Up to \$15 per person	N/A	N/A	
*Breakfast is only covered when an overnight stay is required.						Patient plus one. Meals and accommodation must be supported by receipts.

Note: Meals are covered when it is not possible to eat a meal at home. Meal receipts must correlate with the appointment time. (For example: if an appointment is at 10:00 a.m. and a lunch receipt is time stamped at 5:45 p.m. the meal is not covered.)

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

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TRAVEL INFORMATION

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

The maximum total of claims per year is \$1,500.00 per patient while charitable funds last.

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

Approval of Senior Manager PSP

Date

Brad Bailey

Charge to:

2360-0-2230-0-03254

Completed forms and all supporting documentation are to be scanned and emailed to +WRT SOT Requests from the DWAN network. Please note, emails not sent from the DWAN network will not be delivered. Forms can also be dropped off at the PSP Office at building 696. If you have any questions please contact Brad Bailey, PSP Manager, at ext. 1350.