



Nunatsiavut Government – EDUCATION DIVISION

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Commuting Claim Form

Student Name: _____

Institution: _____

Program: _____

Street address:

Institution Address:

Rate per day:

of km (one way) _____ X 2 trips (return home per day) = Total # of Km/day: _____

X \$0.35/km = \$ _____/day

Number of days to commute per 2-week period _____ X _____
Rate per day

= Amount payable to student per 2 week period: \$ _____

☐ By checking here, you have confirmed that supporting documentation is attached.

For Office Use Only:

Prepared by: _____

Date: _____

Approved: ☐ Yes ☐ No Amount Approved: _____

Approved by: _____

Date: _____

Entered by: _____

Date: _____

Funding Allocation: ☐ PSSSP ☐ ISETP (☐ EI ☐ CRF) ☐ IPSE