



Nunatsiavut Government – EDUCATION DIVISION

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Commuting Allowance Request Form

Student Name: _____

Student #: _____

Institution: _____

Program: _____

Street address while in training:

Institution Street Address:

Email Address: _____

Phone #: _____

This is to confirm that I will be commuting more than 15km each way per day from my place of residence to my institution to attend training. I have attached a copy of my schedule for this semester:

- Fall Semester Winter Semester Spring Semester Intersession Summer Semester

Signature: _____

Date: _____

Reminder: To avail of the commuting support for full duration of your training, please submit a new commuting form each semester with a copy of your schedule. Commuting support will **not** be continued until a new schedule has been submitted each semester. It is also your responsibility to notify the administering office if you move, then a new Commuting Request Form would have to be submitted.

For Office Use Only:	
<input type="checkbox"/> Attached documentation from Google Maps of confirmation of distance	Initials: _____
Attached copy of semester schedule is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Claim form attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount Approved: _____	Dates covered From: _____ to: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Funding Allocation: <input type="checkbox"/> PSSSP <input type="checkbox"/> ISETP (<input type="checkbox"/> EI <input type="checkbox"/> CRF) <input type="checkbox"/> IPSE	