



**APPLICATION FOR COMMUTING ASSISTANCE ALLOWANCE**

(10.18.05 – COMMUTING ASSISTANCE) + Annex "A" + other references may be pertinent

MEMBER'S INFORMATION – INFORMATION DU MEMBRE :			
SN – NM	Grade- Rank	Full name – Nom et prénom	Unit/Det. - Unité

▶ COMPLETE EITHER PART 1 OR PART 2 IN SECTION A  
▶ COMPLETE Section B

For the month of:

Mon	Tue	Wed	Thur	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fill in the applicable dates for the month you are claiming.  
Check the box on the generic calendar for each of the round trip days you commuted to work.  
Take into consideration any statutory holidays and annual leave periods for the month taken.  
Ensure you sign and date at the bottom of the form and FAX or e-mail to your local administration office for processing.

**SECTION A**

Month: \_\_\_\_\_

**PART 1**

**1 PUBLIC TRANSPORT**

<b>C</b> (Member Cost)	X	<b>B</b> (ROE)	=	<b>C</b> (Mbrs Cost in Cdn)	-	<b>A</b> (DCBA Rate)	=	<b>D</b> (Commuting Assistance)
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**PART 2**

**2 PRIVATE MOTOR VEHICLE**

<b>E</b> (Post KM Rate)	X	<b>F</b> (Dist)	X	<b>G</b> (No Days)	=	<b>H</b> (Commuting Cost)	-	<b>A</b> (Member cost)	=	<b>D</b> (Commuting Assistance)	/	<b>B</b> (ROE)	=	<b>I</b> (Commuting Assistance)
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**SECTION B**

**CODE**

A. Max. \$81.00 (Each commuting day is \$6.00/day (4 tickets) up to max. to be deducted IAW DCBA-4 – rates updated 1 Jul 08)	E. Post Kilometric rate	<b>TOTAL</b>	<b>ROE:</b>
B. Rate of Exchange (Using the rate of the LAST DAY of the particular month)	F. Round trip distance		
C. OC Monthly pass (\$81.00/Adult), Road tolls	G. No. of days commuted	€	
D. Commuting assistance	H. Commuting cost		<input type="checkbox"/> Memo request on file
	I. Amount due to claimant		

**CERTIFICATION**

I hereby certify that I have commuted between my residence and the work site on the days I was required to report for duty and so reported, as indicated mileage claimed herein is correct by the shortest route and has not previously been claimed.

\_\_\_\_\_  
S/M Signature

\_\_\_\_\_  
Date

European Account

Canadian Account

\_\_\_\_\_  
Reviewing Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Authority

\_\_\_\_\_  
Date