

Northwest Territories Health and Social Services Authority  
**FRIENDS AND FAMILY TRAVEL PROGRAM**  
CLAIM FORM

	Employee First and Last Name	Employee ID & Record #	
	Travel type (air or private vehicle)	Actual Dates of Travel	

### Required attachments

- ☐ **Approved and completed application form**
- ☐ **Backup documentation (see instructions for types of acceptable backup, instruction 9)**

FOR FINANCE USE ONLY – Account coding (48-12025-52501-01-1A-351-10020)					
Account code for Claim -					
Type of Travel	Max Claim	Total Distance	Kilometer Rate	Total Cost	Total Claim
Air	\$2,000				
Vehicle			\$0.315/KM/vehicle		

The information listed on this form is accurate to the best of our knowledge. Further, we understand that **this program is tax deductible** and it is our responsibility to ensure that should the information change, we will immediately notify [NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Signature

\_\_\_\_\_  
Date

Please submit application form to  
[NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca).

**The deadline to submit claims is March 15, 2026 at 11:59pm MST.**

*The information in this form is being collected in support of your application to the Friends and Family Travel Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPPA). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition at (867) 767-9105.*

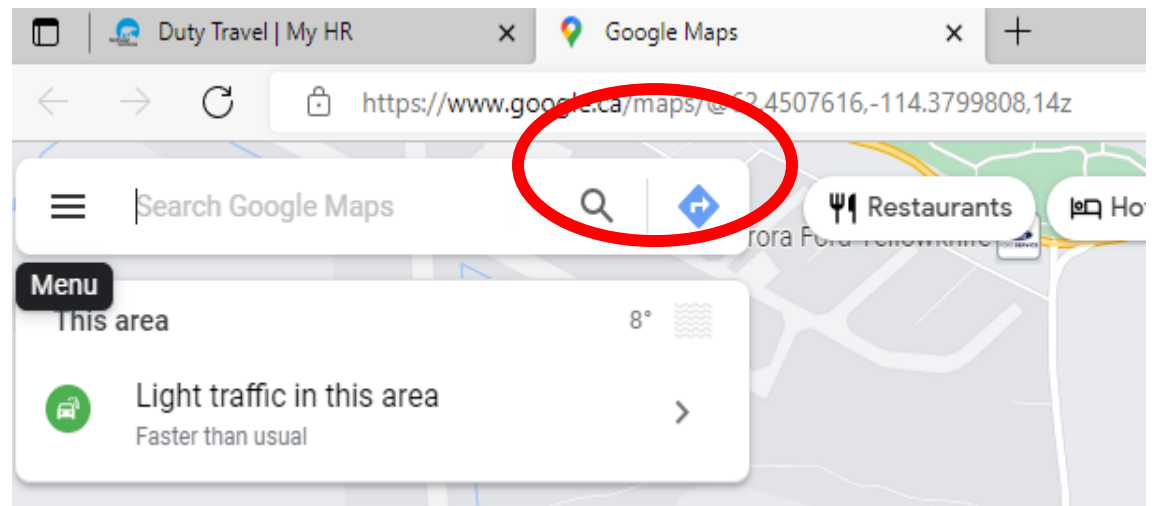


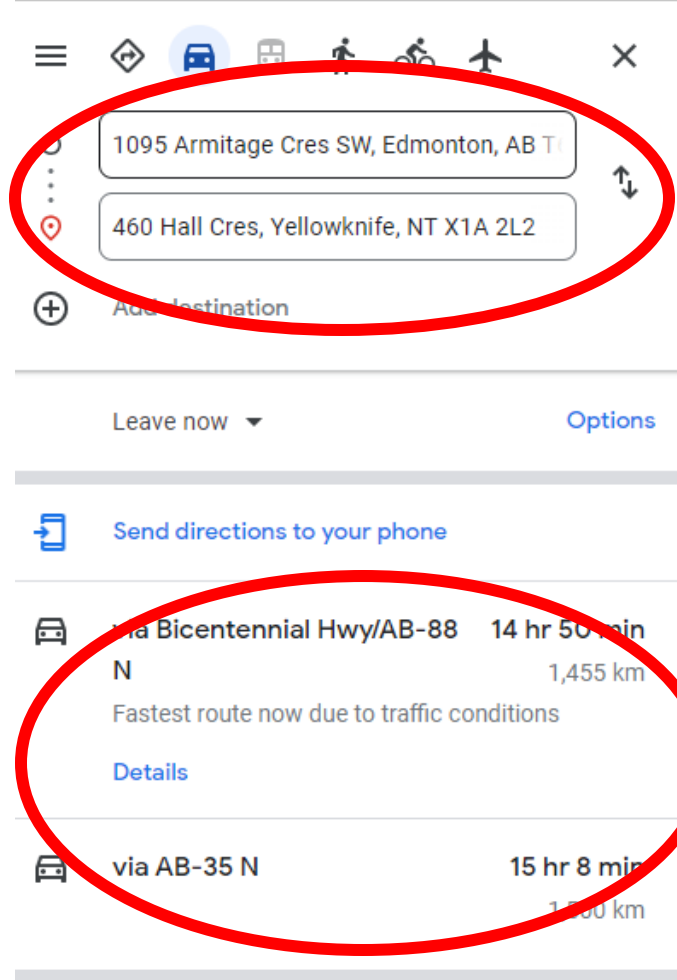
## Northwest Territories Health and Social Services Authority

# FRIENDS AND FAMILY TRAVEL PROGRAM

### CLAIM FORM Instructions

1. Employee to ensure the Application Form has been approved by their Chief Operating Officer, Area Medical Director or Executive Director.
2. Employee to book travel directly in the case of air travel or arrange for travel by private vehicle, if by private vehicle you must indicate if you are claiming for more than one vehicle otherwise it will be assumed that your request is for 1 only.
3. When travel costs have been incurred the employee can complete Claim Form for their reimbursement claim.
4. Employee to include their First and Last Name.
5. Employee to provide their employee ID and record number, ID is 6 digits and record number is 0-11, if unsure of your ID and record number please contact [NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca), if you are a Locum Physician please write LOCUM in the employee ID and record number box.
6. Employee to identify the type of travel they are claiming air or private vehicle and the actual date of travel.
7. Employee to provide their Org and Area code. If unsure, please discuss with your supervisor.
8. Employee to include the approved Application Form
9. Employee to provide backup documentation to their claim:
  - a. Travel by Air – attach a copy of the travel invoice showing dates of travel, flights and total costs, note this will vary depending on the airline or travel agency used, if you are unsure that the form contains all necessary information you can contact [NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca) for assistance. A maximum of two individuals can be claimed any additional individuals will not be included in the calculation.
  - b. Travel by private vehicle – employee to provide a print out of google maps <https://www.google.ca/maps> or other map software showing starting and ending destination and total kilometers, go to website and click the blue arrow, see second screenshot for example of travel, note that regardless of actual route taken the shortest route will be used for claim calculation. Note if claiming for the maximum of two vehicles from different residences please include multiple printouts.





10. Employee to sign the form when completed.
11. Employee Supervisor/COO/ED/AMD to sign the completed form.
12. Employee to submit the signed form and required backup documentation to [NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca) for processing. DO NOT PUT ANYTHING IN THE FINANCE ONLY SECTION.
13. The deadline to submit claims is March 15, 2025 at 11:59pm MST.
14. Once completed and received by [NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca), the form and backup will be evaluated, incomplete forms will be return to employee for correction to the email the form was submitted from or if Application Form is attached the email on that form, completed forms will be processed for payment via:
  - a. the GNWT payroll process for employees and;
  - b. as an invoice for Locums.
15. Employee can contact [NTHSSA\\_Compensation\\_Management@gov.nt.ca](mailto:NTHSSA_Compensation_Management@gov.nt.ca) for information on the claim status or question about the final claim payment.

