



Nisga'a Lisims Government

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 NISGAANATION.CA

INCENTIVE ALLOWANCE CONTRACT

Protected (when completed) to be handled by authorized personnel only.

Administering Authority:	<input type="checkbox"/> Gitlaxt'aamiks	<input type="checkbox"/> Gitwinksihlkw	<input type="checkbox"/> Laxgalts'ap	<input type="checkbox"/> Gingolx
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SECTION A : APPLICANT INFORMATION

Last Name:	First Name:	Birthdate:	SIN
Address			Postal Code:

SECTION B: AGENCY INFORMATION

Name of Supervisor:	Title:	Telephone:
Details of Proposed Activity:		
Describe Schedule:		
Describe Goals and Objectives:		
Signature of Supervisor:	Date:	

SECTION C: TO BE COMPLETED BY ADMINISTERING AUTHORITY

Maximum Monthly Incentive Allowance (as per policy) \$			
Period of Activity:	From	To	
	(D/M/Y)	(D/M/Y)	
The parties to this contract agree that payment of this Incentive Allowance constitutes compensation for expense related to attendance at a place of activity and that the Incentive Allowance is not a wage or salary. The applicant agrees that the accuracy of any information in this document may be checked by comparing it against information held by any federal or provincial departments or agencies or any private agencies.			
Signature of Applicant:		Date:	Day Month Year
Signature of Administering Authority:		Date:	Day Month Year