

**Taglit-Birthright Israel: Canada Israel Experience  
DOMESTIC FLIGHT REIMBURSEMENT FORM**

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PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

Taglit-Birthright Israel: CIE participants are eligible to receive a partial flight reimbursement provided the criteria outlined in this document are met.

**NOTE:** When making flight arrangements to Toronto on the same day as your trip departure, please DO NOT book your flights to Toronto Island Airport; only into Pearson International Airport in Toronto.

**TRAVEL REIMBURSEMENT AMOUNTS:**

<b>Region</b>	<b>Reimbursement Amount</b>
British Columbia, Alberta, Saskatchewan	\$ 250 CAD
Manitoba, Atlantic provinces	\$ 150 CAD
Quebec, Ottawa, Windsor	\$ 100 CAD

The required information must be completed in full and returned to the Canada Israel Experience National Office in Toronto by e-mail. If you are not able to send it by e-mail please contact our office (information on Page 2).

Please note that in order to properly and effectively process your domestic flight reimbursement request, **ALL** necessary documentation must be submitted. Please do not include this instruction page.

Taglit-Birthright Israel: CIE participants are eligible to receive a flight reimbursement upon proof of paid ROUND-TRIP travel from the CANADIAN city of their origin.

In accordance with Taglit-Birthright Israel regulations, participants seeking a domestic flight reimbursement **must** meet the following criteria:

- ✓ The flight ticket to Toronto must be within a range of 7 days prior to the trip departure as well as 7 days from the end of the trip
  
- ✓ You must have a document which demonstrates your two-way domestic travel, as well as your total costs incurred attached with this form. A valid document includes the following:
  - Your name
  - Date of travel from your home city to and from Toronto
  - The total costs associated with travel
  - Method of payment (i.e. cash, credit card).

*Electronic itineraries or e-tickets are acceptable documents to submit.*

- ✓ Participants **MUST** submit their completed reimbursement request **WITHIN TEN (10) DAYS UPON THEIR RETURN HOME FROM ISRAEL**. If you have extended your stay in Israel, the 10-day deadline applies as well, upon your return to your home city.

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- ✘ Taglit-Birthright Israel will not reimburse the use or redemption of ANY Air Miles, Aeroplan points, or any other travel rewards program.
- ✘ Do not submit the original(s) or a copy of your boarding pass.
- ✘ Do not submit a credit card statement.
- ✘ Do not submit a claim for one-way travel.
- ✘ Do not submit claims for travel other than by airline.
- ✘ Taglit-Birthright Israel will not reimburse a domestic flight ticket if a participant extends beyond his/her 90-day extension limit.

Please allow for a minimum of 12 months for processing all requests. We greatly appreciate your patience in this matter.

Please forward your completed form to [ciec@ujafed.org](mailto:ciec@ujafed.org). All questions or concerns regarding flight reimbursements should be directed to:

REGISTRATION MANAGER  
CANADA ISRAEL EXPERIENCE  
4600 BATHURST STREET SUITE 220  
TORONTO, ONTARIO  
M2R 3V3

Tel: 416-398-6931 x 5344  
Toll Free: 1-800-567-4772 x 5344  
Email: [ciec@ujafed.org](mailto:ciec@ujafed.org)

I, \_\_\_\_\_ (PLEASE PRINT), have read, understand and accept the above information and policies regarding Domestic Flight Reimbursements. By signing below, I am further indicating that I understand that in some cases the actual length of time it takes to receive the flight reimbursement may exceed the suggested timeline of twelve (12) months. I further understand that reimbursement decisions are ultimately granted by Taglit-Birthright Israel, and that Canada Israel Experience is an agent acting on their behalf. Any and/or all further grievances which are unable to be resolved with Canada Israel Experience regarding this matter, should be clarified with the offices of Taglit-Birthright Israel.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**\*\* THIS FORM WILL NOT BE PROCESSED WITHOUT A SIGNATURE \*\***

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**PLEASE PRINT CLEARLY:**

Participant Name: \_\_\_\_\_

Departure Date to Israel \_\_\_\_\_

Trip Information (i.e. CN -20-191 Montreal 2) \_\_\_\_\_

Domestic Departure City Name (i.e. your home city, Vancouver, Winnipeg etc)  
\_\_\_\_\_

Domestic Departure Date (date when you left your city) \_\_\_\_\_

Domestic Return Date (date when you returned to your city) \_\_\_\_\_

TOTAL COSTS for Domestic Travel: \_\_\_\_\_

Contact Information:

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**My reimbursement cheque should be sent to the following:**

NAME (as you would like it to appear on the cheque): \_\_\_\_\_

\_\_\_\_\_

STREET: \_\_\_\_\_

APT/UNIT NO. \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

Please indicate a current address where you would like your cheque sent. In the event that you move or change addresses, PLEASE inform our office immediately so that you will receive your reimbursement in a timely fashion.

**\*\*Do not forget to include a copy of your two-way electronic itinerary ticket OR two-way e-ticket\*\***