ANNEX H TO JSP 534 ISSUE 19 DATED AUG 20

MOD FORM 2245 – APPLICATION FOR REFUND OF RESETTLEMENT ALLOWANCES AND ENTITLEMENTS

This form should be used by Service Leavers (SL) wishing to reclaim GRT, Travel Warrants, IRTC Grant and / or Personal Contribution lost due to unforeseen circumstances. Complete in BLOCK capitals.

PART 1 – SERVI	CE LEAVE	ER'S (SL) PERSO	NAL DETAIL		Completer			
Rank:	Surname & Initials:			Service:				
					RN			
Service Number:	ber: Contact telephone number							
	Email:					y		
Unit Address:								
						UIN:		
Post Code:								
PART 2 – RESE	TLEMEN	T ACTIVITY DETA	AILS					
a. Resettlement Activity Description.								
b. Location of Resettlement Activity. (Postal Town)								
c. Provider of Rese Activity.	ettlement							
d. Dates of Resettlement Activity.		From: To:						
e. Service Resettler Advisor approval da MOD F 1711).								
f. Indicate below th	e value of t	ne approved allowan	ice or entitleme	nt for reim	bursement:			
(a)	(b)		(c) (d) (e)				(e)	
GRT	Travel Warrants				sonal Contrib	ution Total Cos	Total Cost claimed (C+D).	
(days)		(number)	(£)		(£)		(£)	
PART 3 – REFUND JUSTIFICATION (place a tick in the relevant box below)								
Compassionate /	Opera	ational	Withdra	awal of tim		Other.		_
Welfare related.		hitment.	by the u			arate sheet if require		
supporting evidence			settlement activit	ty. (Conti	nue on a sep	barate sheet if require	and attach any	
3		,						
I confirm I have cancelled the training course and the costs detailed above cannot be reimbursed by the training provider.								
I request: (enter X for those th	nat apply).							
Refund of GRT.		einstatement of avel Warrants.		einstateme TC Grant.		Refund Contribu	of Personal ution.	
Signature: (SERVICE LEAVER	Signature: Date: (SERVICE LEAVER) Date:							

H-1 JSP 534 Pt 1 (Issue 19, Aug 20) OFFICIAL SENSITIVE PERSONAL (when complete)

OFFICIAL SENSITIVE PERSONAL (when complete)

I confirm that the above-mentioned Service Leaver was unable to attend the resettlement activity for the reasons outlined and support/garity support/do not support (delete as appropriate) the request for refund of allowances. It request is only part supported or not supported state reasons: (continue on a separate sheet if required). I recommend: (enter X for those that apply). Refund of GRT	PART 4 – LINE MANAGER RECOMMENDATION							
I recommend: (enter X for those that apply). Reinstatement of of Travel Warrants. Reinstatement of IRTC Grant. Refund of Personal Contribution. Signature: (LINE MANAGER) Name (Print): Unit: Date: PART 5 - SRA (2nd LINE) ENDORSEMENT Iendorse that apply). Refund of GRT. Grant. Warrants. Reinstatement of IRTC Grant. Refund of GRT. Grant. Varrants. Reinstatement of IRTC Grant. Signature: (SERVICE RESETTLEMENT ADVISER) Name (Print): Date: SRA Stamp: PART 6 - CO's APPROVAL (To be completed only where approval for refund of personal contribution is required.) I authorise / do not authorise the refund of individual contribution for the following reasons (Continue on a separate sheet it necessary): Signed: (COMMANDING OFFICER) Name:								
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