



Date (yyyy-mm-dd)

Stay #

**CLAIMANT INFORMATION**

Last Name:

First Name:

JBNQA/Beneficiary #:

Address (civic number, street, postal code, P.O. Box #):

Community:

Telephone (Home):

Telephone (Work):

Telephone (Mobile):

Date of birth (yyyy-mm-dd): \*Mandatory\*

Email address (important for direct deposit):

If you are a patient and travelling with an escort, please provide escort's name:

If you are an escort, please provide patient's name:

If you are a \_\_\_\_\_, please provide patient's name:

**TRAVEL INFORMATION**

Date of arrival (yyyy-mm-dd):

Travelling from (community):

To (Service point):

Reimbursement Method:

- Cheque\*
- Direct Deposit
- Account already opened
- Void cheque included

\* Make sure the cheque is printed with your name on it.  
 NB: Direct deposit is the fastest way to receive your money. Ask how you can register for it.

I understand that payment will be made by the Cree Board of Health and Social Services of James Bay

Signature of the claimant

Date (YYYY-MM-DD)

**Don't forget to ask for a copy of this form.** **For all inquiries, please contact 514-210-6026**  
 Please allow a minimum of two weeks before calling.

**FOR OFFICE USE ONLY**

Travel: \$ _____	Validated by: _____
Meals: \$ _____	Date (yyyy-mm-dd): _____
Lodging: \$ _____	Department: _____
<b>GRAND TOTAL:</b> \$ _____	Community: _____