

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):

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: _____

GRAND TOTAL: \$ _____

Community: _____