



Warrant Number:

**REIMBURSEMENT CLAIM - User medical transport
 CREE PATIENT SERVICE**

Section 1 - CLAIMANT INFORMATION

Name;		JBNQA number	
Address;			
<small>Civic number, street, PO Box#</small>		<small>Community</small>	<small>Postal code</small>
Telephone;			
<small>Home</small>		<small>Work</small>	<small>Mobile</small>
Email;		<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Void cheque included
		<input type="checkbox"/> Account already opened	
	<small>Transit No.</small>	<small>Account No.</small>	

Section 2 - USER AND FAMILY ESCORT INFORMATION

Date of arrival;		Date of departure;	
User;		JBNQA number;	
DOB;	<small>Community;</small>	Subservice:	
Family escort;		JBNQA number;	

Section 3 - ACCOMMODATION EXPENSES

Lodging	\$	X	days	X	pers = \$	-
	\$	X	days	X	pers = \$	-
	\$	X	days	X	pers = \$	-
Meals	Breakfast	\$	X	days	X	pers = \$ -
	Lunch	\$	X	days	X	pers = \$ -
	Supper	\$	X	days	X	pers = \$ -
NATURE	420			Subtotal A = \$	-	

Section 4 - TRANSPORT

FROM:		TO:		KM	X\$0.	→	-
FROM:		TO:		KM	X\$0.	→	-
FROM:		TO:		KM	X\$0.	→	.
FROM:		TO:		KM	X\$0.	→	.
BUS FARE:		TAXI FARE:				→	-
NATURE	420			Subtotal B = \$			-

TOTAL REIMBURSEMENT = \$ -

I understand that the reimbursement will be sent to me from the Cree Board of Health and Social Services of James Bay, head office in Chisasibi. All inquiries regarding this reimbursement should be addressed to NIHB department at 819-855-9041.

Signature of the claimant: _____ Date: _____

Responsible of Cree Patients Service: _____ Date: _____