

CLAIM FORM FOR TRAVEL EXPENSES

IMPORTANT: BEFORE COMPLETING, SEE REVERSE FOR INSTRUCTIONS

IDENTIFICATION																
Last name: _____			First name: _____				Locality: _____									
DATE	DEPARTURE Departure time	DESTINATION Name of organization and city	ARRIVAL Arrival time	Escort		A: Personal vehicle		B: Others means of transportation		C: Meals (✓) each meal (✓✓) with escort			D: Lodging (See overleaf for maximum)	E: Other	F: Specify	TOTAL A+B+C+D+E
				Check Yes	No	Round trip Km X \$0.295	Cost	Specify means	Breakfast \$3.25	Lunch \$4.75	Supper \$4.75					
							\$	\$					\$	\$		\$
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							\$	\$					\$	\$		\$

Notes and comments	GRAND TOTAL:

Please indicate, if applicable, the financial aid received from other organizations, and attach original attestations from the paying institution.

_____ \$
Name of organization **Amount received**

I certify that I only receive assistance of the "transportation – housing" program for the trips mentioned above

YOU HAVE 90 DAYS TO RETURN YOUR CLAIM

Signature of the person with disabilities or their representative

Date

Do not use this space, reserved for administration	
Amount accepted	\$
Outside participation	\$
Reimbursement	\$
Signature of the person in charge:	

PROCEDURES AND RECEIPTS REQUIRED TO RECEIVE A SUBSIDY

IN ALL CASES,

Have the "Attestation of visits" form completed by the professional who provided the services.

INSTRUCTIONS

Use a separate line of the claim form for each day of the trip. For trips exceeding 10 days, use an additional form and indicate the total separately for each form. Be sure to include all the information requested:

- **Date:** indicate the date of the trip in the following order: year, month, day.
- **Departure time:** time you left your residence.
- **Arrival time:** time you arrived home.
- **Destination:** state clearly the name of the organization and the city.
- **Escort:** check the appropriate box. This additional assistance will be considered only if the Transportation and housing program has already given its authorization.
- **Personal vehicle:** indicate the total number of kilometers travelled (round trip) and the total cost. The Transportation and housing program usually allows \$0.295 per kilometer. This amount may vary according to certain circumstances (social welfare or other contributions).
- **Other means of transportation:** state the total cost to and from your destination and the means of transportation used. Consider the expenses of the escort, if need be.
- **Meals:** state the actual sums spent. Consider the escort's expenses, if necessary. The maximum allowed is:
 - Breakfast: \$3.25 (departure before 7:30 a.m.)
 - Lunch: \$4.75 (departure before 11:30 a.m. or arrived after 1:30 p.m.)
 - Supper: \$4.75 (departure before 5:30 p.m. or arrived after 6:30 p.m.)
- **Lodging:** indicate the actual sums spent. If you stay with a relative or a friend, the maximum allowed is \$16.40 per night and \$10.00 for an escort.
 - Quebec: \$50,00/night and \$10,00 for escort
 - Montreal: \$60,00/night and \$10,00 for escort
- **Total:** calculate the total of each line, add up the last column, enter the grand total and sign.

RECEIPTS TO OBTAIN

Vehicle:	Kilometers: \$0.295. No receipts are required for gasoline.
Public transportation (taxi, bus, airplane):	Obtain well-identified receipts for each trip to and from destination.
Meals:	No receipts are required for meals
Lodging:	Obtain detailed receipts for <u>all</u> lodging expenses. When staying with a relative or a friend, no receipt is required, but indicate the name and address of the person.

You can obtain the form online:

www.cisss-cotenord / soins et services / transport et déplacement des usagers / programme transport et hébergement des personnes handicapées

JOIN the "Attestation of visits" form completed by the professional who provided the services.

YOU HAVE 90 DAYS TO RETURN YOUR RECEIPTS at:

Programme transport-hébergement pour personnes handicapées
Centre intégré de santé et services sociaux de la Côte-Nord
835, boul. Jolliet
Baie-Comeau (Québec) G5C 1P5