



**Association of Justice Counsel
Association des juristes du ministère de la Justice**

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TRAVEL CLAIM

Claimant: (Please print)	Date: YYYY / MM / DD
Address, telephone, email: <input type="checkbox"/> Home Office <input type="checkbox"/>	Purpose:

Date MM/DD	Details (including names of places where expenses were incurred.	Air fare	Meals & incidentals	Lodging	Other exp.	TOTAL
Total expenses						

	minus		equals	
Total expenses		Advance		TOTAL CLAIM

I certify that the amounts included in this claim were incurred on AJC business.

Signature of Claimant

Date